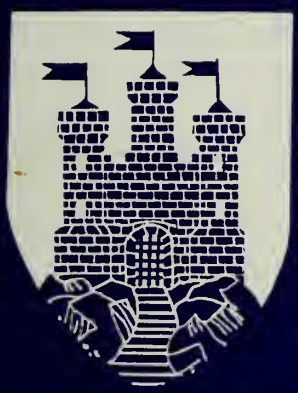
CITY OF EDINBURGH



HEALTH DEPARTMENT

1971

With

Dr. J. L. GILLORAN'S

Compliments

Digitized by the Internet Archive
in 2016 with funding from
Wellcome Library

https://archive.org/details/b28651650

CITY OF EDINBURGH

ANNUAL REPORT

OF THE

HEALTH DEPARTMENT

FOR THE YEAR

1971

BY THE

MEDICAL OFFICER OF HEALTH

LIBRARY
CENTRAL
PUBLIC HEALTH
LABORATORY
LONDON N.W.

CONTENTS

	page
Preface	5
Members of Health Committee	6
Joint Committee on School Medical Service	6
Staff and Administration	7
Section I — VITAL STATISTICS	10
Section II — CHILD HEALTH	
Maternal Health	13
Infant and Pre-School Child Health	14
Health of School Child	17
Dental Services	25
Section III — COMMUNITY CARE	
Health Centres	33
Family Planning	34
Mental Health Service	34
Chiropody Service	35
Care of the Aged	35
Cervical Cytology Services	36
Misuse of Drugs	37
Section IV — COMMUNITY NURSING	
Health Visiting Service	39
District Nursing Service	42
Section V — HEALTH EDUCATION	46
Section VI — RESEARCH AND DEVELOPMENT	50
Section VII — CONTROL OF INFECTION	
Infectious Diseases	53
Tuberculosis	56
Immunisation and Vaccination	57
Port Health Supervision	59
Venereal Diseases	59
Bacteriological Services	65
Section VIII — VETERINARY SERVICES	
Milk and Dairies	68
Inspection of Meat	68
Inspection of Other Foods	72
Port Inspection Duties	75
Diseases of Animals Act	77
Section IX — CITY ANALYST	81
Section X — MISCELLANEOUS SERVICES	
Infant Feeding Centre	85
Fireguard Loan Scheme	85
Home Nursing Aids	85
The City Mortuary	86

page

Section XI — STATISTICAL TABLES 89

Section XII — SANITARY SERVICES

General Sanitation 111
Housing 115
Atmospheric Pollution 118
Noise Abatement 121
Offices, Shops and Factories 122
Rodent and Insect Control 125
Food Hygiene 126
Foods and Drugs 127
Port Sanitary Inspection 132
Prosecutions 133
Appendices 134

ILLUSTRATIONS .. .. *facing* 48

City of Edinburgh Health Department
Johnston Terrace
EDINBURGH
EH1 2PP

To: *The Corporation of the City of Edinburgh*

My Lord Provost, Ladies and Gentlemen,

I have the honour to submit the Annual Report of the Health Department for the year 1971.

It has been compiled by those responsible for the various specialist functions of the Department and requires no further comment from me. In commending it to you, I must express our thanks to the Chairman and members of the Health Committee and the chief officials of the Corporation for their encouragement and assistance throughout the year. I am particularly indebted to all members of the staff of the Health Department, without whose loyalty and helpful support the efficiency of our services could not have been maintained.

I have the honour to be, my Lord Provost,

J. L. GILLORAN, M.R.C.P.(Edin.), F.F.C.M., D.P.H.
Medical Officer of Health

Members of the Health Committee 1971-72

Councillor James G. B. Lerette, *Chairman*
Bailie Mrs Nansi Mansbridge
Bailie James S. Cook
Councillor Mrs Margaret B. A. Ross
Councillor Malcolm L. Rifkind
Councillor John F. Lawrie
Councillor Trevor J. Davies
Councillor D. Madsen Pirie
Councillor Mrs Johan G. W. Buchanan
Councillor Donald G. E. Gorrie
Councillor Robert W. Irvine
Councillor Mrs Catherina T. Nealon
Councillor Mrs Winifred E. Donaldson
Councillor Ronald D. M. Brown
Councillor Mrs Phyllis Herriot

Joint Committee on School Medical Service

From Health Committee:

Bailie Mrs Nansi Mansbridge
Councillor Mrs Catherina T. Nealon
Councillor Mrs Winifred E. Donaldson
Councillor Mrs Phyllis Herriot
Councillor James G. B. Lerette

From Education Committee:

Bailie Mrs Josephine M. Dickson
Councillor Mrs Margaret B. A. Ross
Councillor Charles R. Stuart
Councillor Anthony H. Lester
Councillor John D. McWilliam

Principal Officials as at 31st December 1971

Medical Officer of Health	Dr. J. L. Gilloran
Depute Medical Officer of Health	Dr. I. F. Craik
Principal Medical Officer for Child Health	Dr. H. P. Tait
Senior Medical Officer for Tuberculosis and Infectious Diseases	Dr. A. Jamieson
Senior Medical Officer for Maternal and Child Health	Dr. M. S. B. Langton
Senior Medical Officer for School Health Services	Dr. J. C. Willison
Senior Medical Officer for Health Education	Dr. L. M. Watson
Senior Medical Officer for Operational Assessment	Dr. C. F. Drysdale
Chief Sanitary Inspector	Mr I. W. Wintour
Depute Chief Sanitary Inspector	Mr F. J. Allen
City Analyst	Mr P. J. G. Holliday
Depute City Analyst	Mr D. F. Withington
Chief Veterinary Inspector	Mr J. Norval
Assistant Veterinary Inspector	Mr W. T. Forrest
Chief Dental Officer	Mr J. W. Craig
Depute Chief Dental Officer	Miss M. Miller
Chief Administrator	Mr C. F. Campbell
Administrative and Training Officer	Mr J. Barrie
Superintendent, Queen's Institute of District Nursing	Miss M. Maclean
Superintendent Health Visitor	Mrs D. M. Riddell
Chief Chiropodist	Mrs L. M. Hamilton

Number of Staff as at 31st December 1971

	Number	*Remarks*
Medical Officers	40	including 19 part-time
Administrative	84	including 20 part-time
Dental Officers	23	including 2 part-time Anaesthetists
Dental Auxiliaries	3	
Dental Surgery Assistants	42	including 5 Oral Hygienists
		including 5 part-time Dental Health Assistants
Sanitary Inspectors	61	including 9 Trainees
		including 9 Smoke Inspectors
		including 3 Shop and Office Inspectors
		including 2 Housing Technical Assistants
		including 3 Food Hygiene Officers
Veterinary Inspectors	2	
Meat Inspectors	9	
Health Visitors	111	including 6 part-time
		including 7 Students
Health Visitor Tutors	3	
Nursing Staff	132	including 105 Q.I.D.N.S.
		including 9 part-time
Midwives	8	including 1 part-time
Health Assistants	5	
Clinic Attendants	10	including 8 part-time Clinic Clerical Assistants
Chiropodists	19	
City Analyst and Laboratory Staff	10	
Domestic Staff	35	
Transport, Mortuary, Disinfecting and other staff	6	

EDINBURGH HEALTH DEPARTMENT
CORPORATION OF EDINBURGH (Town Council)
HEALTH COMMITTEE, and JOINT SUB-COMMITTEE FOR SCHOOL HEALTH SERVICE
MEDICAL OFFICER OF HEALTH
DEPUTE MEDICAL OFFICER OF HEALTH

Community Medicine			Central Administration	Environmental Health & Community Protection			
Child Health	Community Care	Epidemiology and Preventive Medicine		Medical Aspects	Sanitary Services	Veterinary Services	City Analyst
Principal M.O. Senior M.Os. Medical Officers Health Visitors & Nurses Chief Dental Officer Dental Officers & Auxiliaries	Medical Officers Superintendent Health Visitor & Health Visitors Superintendent, Q.I.D.N. & Nursing Sisters Midwives Chiropodists	Senior M.Os. Medical Officers Health Visitors, etc.	Medical Officer of Health Depute Medical Officer of Health Chief Administrator Admin./Training Officer Admin. Assistants	Senior Medical Officer & Medical Officers	Chief Sanitary Inspector Depute Chief Sanitary Inspector Specialist & Divisional Sanitary Inspectors & Sanitary Inspectors	Veterinary Inspector Assistant Veterinary Inspector Meat Inspectors	City Analyst Depute City Analyst & Staff
Home visiting of mothers and young children Child Health Centres "At Risk" and handicapped registers Welfare foods Dental care of mothers and children Medical care in residential establishments for children—nurseries, play centres and remand homes Medical inspection of school children Ascertainment and supervision of handicapped pupils	Community Nursing and Health Visiting Domiciliary Midwifery Geriatrics Chiropody Nursing Homes Registration Licensing of Nursing Agencies Health Centres *Health Visitor & Nurse Training School* Tutorial staff at Springwell House	Illness prevention and Health promotion Health education in schools and in community Family Planning Accident prevention Population screening Epidemiological research Vaccination & Immunisation Communicable disease—Surveillance & Control Liaison with microbiologic service Chronic disease—Surveillance & Control	Planning & Co-ordination of Services Management & Deployment of staff Data collection and operational research Health statistics Health centre planning and administration Control of expenditure accounts, supplies, etc.	Infectious disease control International Health Regulations and Aliens Orders Housing priorities Environmental health Food hygiene and safety of food premises Radioactivity	Infectious disease and environmental health Food safety and hygiene Food and Drugs legislation Clean Air and Noise Abatement Offices, shops and factories legislation Housing and Slum Clearance Port Sanitation Pest Control	Inspection of meat and imported foods at abattoirs, docks and retail shops Inspection of dairy herds Control and prevention of notifiable diseases of animals Milk testing at farms	Examination of Food & Drugs, etc. Scientific adviser on community protection *City Mortuary* *Disinfestation Centre & Skin Clinic*

SECTION I

VITAL STATISTICS

CITY OF EDINBURGH

SUMMARY OF STATISTICS

For the Years 1931, 1941, 1951, 1961 and 1971

	1931	1941	1951	1961	1971
Population at Mid-Year ..	443,042	429,179	467,435	474,062	453,025
Area of City—Acres	32,526	32,526	33,183	34,781	34,781
Density of Population—Persons per Acre	13·6	13·1	14·1	13·6	13·0
Inhabited Houses	109,421	129,949	141,215	153,865	158,838
Marriages Registered	3,788	4,882	4,222	3,956	4,347
Birth Rate	16·2	15·0	15·7	17·7	14·0
Death Rate	12·9	15·3	13·9	13·1	12·9
Infant Mortality Rate (per 1,000 Live Births) ..	69	66	27	23	20
Neonatal Mortality Rate (per 1,000 Live Births) ..	33	32	17	17	15
Stillbirth Rate (per 1,000 Total Births) ..	52	37	27	19	11·6
Maternal Mortality Rate (per 1,000 Total Births) ..	7·1	3·9	0·9	0·1	—
Cancer Death Rate	1·5	2·2	2·4	2·6	2·9
Pulmonary Tuberculosis Death Rate	0·74	0·7	0·3	0·03	0·01
* Epidemic Diseases Death Rate	0·2	0·3	0·19	0·07	0·28

* Includes Typhoid Fever, Measles, Scarlet Fever, Whooping Cough, Diphtheria, Cerebro-spinal Fever and Influenza

VITAL STATISTICS

Population.—The Registrar-General's estimate of the population of the City on 30th June 1971 was 453,025.

Live Births.—There were 7,650 live births registered in the City in 1971 and after adjustments had been made for births transferable outwards and inwards, the net figure of live births for the City was 6,361 (3,281 males and 3,080 females). The birth rate was 14·0 per thousand of the population.

Illegitimate Births.—Of the 6,361 live births registered 636 or 9·9 per cent were illegitimate.

Stillbirths.—The number of stillbirths registered was 74, representing a stillbirth rate of 11·6 per thousand total (live and still) births.

Deaths.—There were 5,866 deaths (after adjustment for transfers out and in) of Edinburgh citizens during the year. The death rate was 12·9 per thousand of the estimated population.

In the tables on pages 90 and 91 the deaths are classified according to disease, sex and age groups, and also rates per thousand of the population.

Infant Mortality.—The number of deaths of infants under one year of age during 1971 was 126 (72 males and 54 females), giving an infant mortality rate of 20·0 per thousand live births.

Of the 126 infant deaths 96 occurred before attaining the age of four weeks, giving a neonatal mortality rate of 15 per thousand live births.

The table on page 92 shows the deaths of children under five years of age by age group and cause of death.

Perinatal Mortality.—There were 155 perinatal deaths, comprising 74 stillbirths and 81 infant deaths in the first week of life, giving a rate of 24 per thousand live and stillbirths.

Maternal Mortality.—No deaths were attributable to pregnancy or childbirth this year.

Marriages.—4,347 marriages were recorded during the year and the marriage rate (persons married per thousand of the population) was 9·6.

SECTION II

CHILD HEALTH

Maternal Health

Infant and Pre-School Child Health

Health of School Child

Dental Services

MATERNAL AND CHILD HEALTH

by H. P. Tait, Principal Medical Officer;
M. S. B. Langton, Senior Medical Officer;
J. C. Willison, Senior Medical Officer

Historical Note

The acceptance in July by the Secretary of State for Scotland of the advice proffered by the Smallpox Sub-Committee of the Joint Committee on Vaccination and Immunisation that routine vaccination against smallpox in early childhood need no longer be advised, brought to an end an important epoch in the history of smallpox vaccination in Scotland.

It is not generally known that it was Sir Henry Littlejohn, the City's, and Scotland's, first medical officer of health, who was instrumental in persuading the Corporation to sponsor a Vaccination Bill, including provisions relating to compulsory vaccination of infants, which might apply to Scotland, but failing government support, certainly to Edinburgh. Realising the determination of the Corporation in this matter the government did in fact sponsor the Bill. The Vaccination (Scotland) Act 1863 was accordingly passed just ten months after Littlejohn's appointment as medical officer of health. The motivating factor for Littlejohn's insistence on compulsory vaccination of infants was his need to control an epidemic of smallpox in the City at the time of his appointment in September 1862.

Another Edinburgh medical man made a major contribution to smallpox vaccination procedure. Dr. William Husband described his use of capillary tubes for preserving vaccine lymph in 1851, and before the end of the century the preservation of lymph in capillary tubes became universal practice in the British Isles.

Fifty years ago, in 1921, the first trials of B.C.G. vaccine in the human subject were made by Weill-Hallé. He showed that three carefully measured doses of the vaccine taken orally by infants at two-day intervals produced no ill-effects. This was the beginning of the long haul towards the recognition of the place of B.C.G. vaccination in the control and prevention of tuberculosis.

I. MATERNAL HEALTH

(a) Domiciliary Midwifery

There was a further decrease in the number of home confinements attended by the domiciliary midwives. Only 156 confinements took place compared with 251 last year and 414 in 1969. On the other hand, there was an increase in the number of pregnant women, booked for hospital confinement, whose ante-natal care was undertaken by the midwives in association with the general practitioners concerned. These numbered 2,590 women compared with 1,489 last year. There was an increase also in the number of post-natal patients attended following discharge from hospital. These totalled 5,408 parturient women compared with 4,791 last year. The total number of visits paid by the domiciliary midwives during the year amounted to 29,045. A further 1,007 attendances were made by the midwives at doctors' surgeries for ante-natal and post-natal sessions.

(b) Care of Unmarried Mothers

Only two voluntary homes now exist in the city for unmarried mothers. They carried on their work unabated and tribute must be paid to these voluntary organisations for the efficiency of the service they provide and the sympathy and understanding they show in their work.

(c) Dental Care for Expectant and Nursing Mothers

No new developments fall to be recorded this year, the numbers of ante-natal and post-natal cases seen and treated being similar to last year. Details of numbers and work done are shown in the Chief Dental Officer's detailed table later in this Report.

(d) Distribution of Welfare Foods to Expectant and Nursing Mothers

Over 8,000 packets of Vitamin A and D tablets were issued, a figure similar to that for last year. Under the Welfare Foods Order, 1971, operative from 1st April, cheap welfare milk for expectant and nursing mothers was abolished. Instead, free milk was made available to expectant mothers in families where there were already two children under school age or where family income was below a particular level. Those mothers entitled to free milk are also entitled to free Vitamin A and D tablets and concentrated orange juice. This last, however, ceased to be available after 31st December 1971, and Vitamin C will be incorporated in the vitamin tablets thereafter. All mothers can buy orange juice, cod liver oil or vitamin drops or tablets at special prices whether they have free tokens or not.

(e) Puerperal Pyrexia and Puerperal Fever

One case of puerperal fever was notified during the year and recovery was complete. No cases of puerperal pyrexia were notified.

(f) Maternal Deaths

For the third successive year no deaths attributable to pregnancy or child-birth occurred among Edinburgh mothers. This is only the fourth year in the City's history since records were kept when no such deaths occurred. The first clear year was 1964.

II. INFANT AND PRE-SCHOOL CHILD HEALTH

(a) Vital Statistics

Details of these are presented on page 11.

(b) Notified Live and Still Births

Notified births, both live and stillborn, numbered 10,381, of which 10,239 were liveborn and 142 were still born. Of the total notified births, 155 of the liveborn and 1 of the still born infants were delivered at home.

The details are shown in the following table:

I. Total number of births notified:			
(i) Live: Institutional	10,084		
Domiciliary	155		
		10,239	
(ii) Stillborn: Institutional	141		
Domiciliary	1		
		142	
			10,381
II. Total number of births in I occurring in institutions:			
Simpson Memorial Maternity Pavilion		5,447	
Elsie Inglis Memorial Maternity Hospital		1,947	
Western General Hospital		1,437	
Eastern General Hospital		1,393	
Others		1	
			10,225

III. Total number of domiciliary births in I, classified as to nature of attendance:

(a) Doctor booked	154		
(b) Doctor not booked	2		
(c) Midwife alone (no doctor engaged)	–		
(d) Doctor alone (no midwife engaged)	–		
(e) Without doctor or midwife	–		
		156	
			10,381

(c) Analysis of Registered Stillbirths, Infant and Pre-School Child Deaths

These are shown in the tables on pages 92 and 94.

There were 74 stillbirths registered as of Edinburgh mothers, giving a stillbirth rate of 11·6 per 1,000 total births, the same rate as last year. Thus for the past two years the City has had its lowest rates since registration began in 1939.

There were 127 registered deaths in infants under one year, giving an infant mortality rate of 20·0 per 1,000 registered live births compared with a rate of 18·5 last year. In 1969 the rate was 22·4 and in 1968, 19·4. The age distribution of the deaths was as follows:

Under 1 day	48,	representing	37·8% of deaths under one year
,, 1 week	81,	,,	63·8% ,, ,, ,, ,, ,,
,, 28 days	97,	,,	76·4% ,, ,, ,, ,, ,,
29 days–1 year	30,	,,	23·6% ,, ,, ,, ,, ,,

Of the 127 infant deaths, 112 took place in hospital and 15 were domiciliary. Congenital malformations accounted for 38 deaths, immaturity, complicated, for 30, and immaturity, uncomplicated, for 16 deaths, these three causes topping the list.

The neonatal deaths registered were 97, giving a neonatal mortality rate of 15·3 per 1,000 live births or 76·4 per cent of all deaths of infants under one year.

The perinatal mortality rate was 24·4 per 1,000 total births compared with rates of 22·2 last year, 25·7 in 1969 and 23·7 in 1968.

There were 13 deaths in children aged 1–5 years, compared with 11 last year, 23 in 1969 and 24 in 1968. By contrast there were 777 deaths in this age group in the City in 1901, 387 in 1911, 412 in 1921, 202 in 1931, 147 in 1941, 45 in 1951, and 31 in 1961.

(d) Ophthalmia Neonatorum

There were two notifications of this condition during the year, one, due to the gonococcus, occurring in an infant born in the City but whose parents were domiciled in an adjacent county. Complete recovery under treatment took place. The second, occurring in an Edinburgh infant born at home was due, apparently, to the *haemophilus influenzae*. Again recovery was complete following treatment.

(e) Health Supervision

1. Child Health Clinics

Twenty-eight child health centres were in operation throughout the year. There were 2,824 sessions held at these centres at which 4,823 new cases were seen. These new cases and former cases made a total number of 40,888 attendances.

On 30th August, a families' clinic was opened and equipped by the

military authorities at 12/2 Dreghorn Drive, and staffed by health visitors from the Health Department. The three health visitors are available at these premises twice weekly to give help and advice to wives of military personnel residing in the area. In addition to general advice, guidance is given in the management of infants and pre-school children. This venture has proved successful and a "weight-watching" session for mothers has been added to the weekly advisory sessions. No medical officer is in attendance, whether from the Army or local health authority

2. Routine Screening for Phenylketonuria

Of the 10,239 notified liveborn infants, 9,542 had the Guthrie test carried out. Before the test could be performed 111 infants died, 586 were discharged to other areas, and 21 transferred to hospitals. No refusals of consent to perform the test were encountered. No case of phenylketonuria was found although repeat tests were required in several infants before a final favourable decision was reached.

3. Ascertainment of Deafness in Pre-School Children

Part of the regular duties of a health visitor is the performance of screening tests for deafness in infants and young children. Details of such work carried out during the year will be found in the section of this Report dealing with Health Visiting.

4. Dental Care of Pre-School Children

The School Dental Service offers facilities for the inspection and treatment of the teeth of pre-school children whether they are in attendance at nursery schools provided by the Education Committee or not. The report of and tables compiled by the Chief Dental Officer referring to this aspect of the work will be found on pages 101 and 102.

(f) Vaccinations

Details of the various vaccinations in infants and pre-school children will be found on page 108.

(g) Toddlers' Playcentres

The Edinburgh Toddlers' Playcentres Association continues to provide facilities for 3–5-year-olds throughout the City. Thirty-five playcentres are currently in operation. The reports of the Association, published annually give full details of its work and activities.

(h) Welfare Foods Distribution

Distribution of welfare foods takes place at 44 sessions per week in 33 centres. The anticipated changes in the welfare foods scheme came into operation on 4th April following the new Welfare Foods Order, 1971. From that date the provision of cheap welfare milk for expectant mothers and young children ceased, but entitlement to free milk and foods was extended.

The uptake of National Dried Milk increased this year by over 1,000 tins, but issues of cod liver oil were lower, but it must be borne in mind that this product was discontinued during the year and in its place was substituted vitamin drops. These drops will also replace the concentrated orange juice which officially ceased to be available after 31st December, although existing stocks will first be cleared off.

III. HEALTH OF SCHOOL CHILD

1. SYSTEMS OF HEALTH SUPERVISION

(a) By Medical Officers

Reference was made in last year's Report to the abandonment of routine medical examination of 9-year-olds—save for vision and hearing tests—and the substitution of a more continuous selective system of examination and assessment between the full medical examinations at school entry and prior to school leaving. The hopes expressed last year that this more selective system of medical examination would give a better service to children and to all others concerned have been amply justified. The following analysis of the purposes for which referrals were made or by whom they were initiated shows an increase of over 4,000 on last year.

Children in nursery school (re-examination only)	453
Class inspection—primary school leavers	241
Other reasons (e.g. infectious disease control)	126
Part-time employment (secondary school pupils)	320
School leavers—career guidance	464
Further education college courses (medical fitness)	241
Extra curricular activities (school camps, outdoor centres, etc.)	700
Special referrals by teachers	1,467
Educational psychologists	333
Attendance officers	87
Others—family doctors, parents, etc.	1,040
Medical officers themselves (reviews)	7,699
Total	13,171

The considerable number of pupils referred by teachers for health assessment is especially gratifying and welcome in that it indicates a close collaboration between teacher and medical officer in school. It has been said that the relationship between teacher and medical officer in school is similar to that between parent and family doctor in the home. In each case much of the successful work of the doctor with the child is done through the parent or teacher.

To be seen from the table on page 94 are the details of systematic medical examinations at the statutory periods and of the assessments made then and during the intervening period. Twenty-five per cent of children were assessed to require some form of supervision and referral, the largest group, almost 16 per cent, being selected for continuing supervision in school.

(b) By Health Visitors and School Nurses

Class health and cleanliness inspections by health visitors and school nurses numbered 62,141, an increase of over 15,000 over last year's figure. Vision tests were carried out in 10,847 pupils, a slight increase over the previous year.

Cleanliness. Pupils presenting a less than desirable standard of cleanliness continue to take up a disproportionate amount of the time spent in schools by

the nursing staff, and to cause concern to teachers. Some parents are slow to accept their responsibilities in this field, despite the endeavours of health and teaching staffs. Health teaching for pupils in schools, and parents meetings' on health matters, are both long-term investments, however, and the absence of a quick return in terms of reduced incidence of head infestation should not be allowed to damp enthusiasm for these programmes. The following table shows the combined work of health visitors and school nurses regarding cleanliness examinations and findings.

	Total No. of Pupils Inspected		Total No. of Pupils found to have vermin		Total No. of Pupils found to have nits	
	1969–70	1970–71	1969–70	1970–71	1969–70	1970–71
Health Visitors ..	29,862	40,730	1,238 3·0%	1,211 3·0%	8,656 24·0%	9,760 24·0%
School Nurses ..	29,924	15,043	663 2·1%	455 3·2%	4,384 14·6%	2,345 15·6%

During the year health visitors paid 1,171 visits in respect of 1,714 children.

2. HANDICAPPED CHILDREN

(a) Assessment of Handicap

Assessment continues to develop along multidisciplinary lines for all forms of handicapping conditions. While this is a time-consuming approach calling for mutual aid, respect and understanding among colleagues from different disciplines, it can be said quite categorically that from the point of view of those of us in the school health section of the child health service the team-work approach is most satisfying and it is felt that the children with special needs, their parents and their teachers are receiving a much improved and continuing service.

(b) Visual Handicap

1. Vision Screening

At school entry and at 13 years this is part of the assessment of the whole child, additional intermediate visual assessments are also carried out at 7 and 9 years by health visitors and school nurses. Details of these examinations are shown in table on page 95.

2. Assessment of Visual Handicap

Efforts are still being made to assemble an assessment team along the lines recommended by the working party on the Ascertainment of Children with Visual Handicaps (1969), but the team has not officially come into being.

3. Specialist Ophthalmologists' Clinics

There were 975 referrals to these clinics staffed by consultants from the South-Eastern Regional Hospital Board. These represent an increase of over

30 referred cases compared with last year. Pupil attendances also increased from 2,661 last year to 2,836 this year, but the number of pupils requiring glasses was somewhat lower this year compared with previous years.

(c) Hearing Handicap

1. Audiometric Screening

The audiometric service continues to be based on St. Giles' School for the Hard of Hearing, and Mr Jones, the headmaster, has provided details of the year's work. This will be found in the table on page 97.

2. Hearing Assessment Panel

The panel has met on four occasions during the year and dealt with 60 new cases and reviewed a further 72, while 13 cases were closed and 4 removed to other areas. Forty-three cases were referred for supervision by a peripatetic teacher of the deaf, 18 were recommended for admission to St. Giles' School, 11 to Donaldson's School, and 5 recommended for other forms of remedial teaching. Seven children were referred for further investigation and 1 for further observation. Two children were recommended for transfer to normal school from special education for hearing impairment.

The work entailed in this field is very considerable and the sessions are long and exhausting to all concerned. It has been decided that in future the panel will meet for a full day's session with a break for lunch instead of having one long drawn-out continuous session.

3. Consultant Aural Surgeons' Clinics

There were 130 new cases referred to the consultants during the session and pupil attendances numbered 310. Ninety-five children were recommended for operative treatment. All these figures are slightly less than last year but fluctuations from year to year are to be expected.

(d) Speech Defect

The number of children referred to the speech therapists because of speech defects *per se* or combined with other forms of handicap showed an increase this year in both boys and girls. Furthermore, the number requiring treatment beyond one year was also increased. This accounts for the increase also in the waiting list. Full details of the work of the speech therapists are shown in the table on page 100.

(e) Mental Handicap

In terms of Section 64 of the Education (Scotland) Act, 1969, an education authority is required, *inter alia,* to require a medical examination of any child before making a decision as to the need for special education. During the year 114 children (57 boys and 57 girls) were referred to the school health service for medical examination. This figure shows a reduction of 9 children compared with last year.

These examinations were carried out by medical officers duly qualified in ascertainment and in certification of mental handicap. Thereafter, relevant reports and recommendations were passed to the Director of Education by whom the following procedures were implemented:

	Session 1969–70			Session 1970–71		
	Boys	Girls	Total	Boys	Girls	Total
1. Pupils ascertained and transferred to Special Schools ..	74	53	127	53	58	111
2. Pupils ascertained and transferred to Junior Occupation Centre	3	9	12	13	4	17
3. Pupils ascertained and for whom no Special Educational facilities were available	—	—	—	—	—	—
4. Pupils notified to Social Work Dept. Section 66B Education (Scotland) Act 1969	5	6	11	6	2	8

(f) Physical Handicap

Two hundred and seventy-nine physically handicapped pupils required special education at appropriate schools. Of this number 125 were orthopaedic cases, 11 had severe heart disease, and 143 suffered from a miscellaneous group of physical handicaps.

Part of the service for physically handicapped pupils is the visiting-teacher service. This important service provides for two categories of children:

(a) the severely handicapped homebound child;

(b) the child requiring prolonged hospitalisation and where there is no established hospital school or class.

During the year under review 95 pupils, mainly of secondary school age, received their education in this way. A diagnostic analysis of these cases showed that accidents and skin diseases constituted the predominant conditions necessitating home or hospital teaching. It is satisfactory to report that only 4 pupils had been on home or hospital teaching for more than a year, and that only a further 3 pupils had needed the service for over six months. The other 88 pupils were reintegrated to special or ordinary schools within six months.

The following table gives a more complete breakdown of the causal factors necessitating home or hospital teaching.

Pupils on the Visiting Teachers' Roll during the Session

Disability	No.	Disability	No.
Accidents	24	Pregnancy	5
Asthma	2	Renal Disease	7
Congenital Abnormality	9	Rheumatism	1
Leukemia	2	Skin Disease (mainly in hospital) ..	20
Orthopaedic—Acquired (excluding fractures)	11	Tuberculosis (Pulmonary)	1
		Others	13
Total Number of Cases: 95*			

* These figures include 52 children in hospitals who received tuition from visiting teachers.

(g) Maladjustment

Severely maladjusted pupils requiring special education in residential schools numbered 74, while 68 attended special day schools or units on a full-time or part-time basis. Others, constituting the majority, and less severe continued their attendance at ordinary schools.

(h) Special Education

Provision of special education for the designated categories of handicapped pupils was made as follows:

Category of Handicap	Number of Pupils on Roll			
	July 1970		July 1971	
	Residential School	Day School	Residential School	Day School
Children with Visual Handicap:[1]				
Blind	8	—	9	—
Partially Sighted	—	70	—	65
Children with Hearing Defect:[2]				
Severely Deaf	9	31	8	32
Partial Hearing	—	102	—	106
Epileptic Children	—	12	—	8
Children with Physical Handicap (including Cerebral Palsy)	25	145	16	143
Mentally Handicapped Children[3] (including trainable group)	109	568	101	610
Maladjusted Children	66	75	74	68
Children with severe Multiple Handicap[4] ..	11	35	11	30
TOTAL ..	228	1,038	219	1,062

[1] Includes 37 and 34 children from areas outwith the city.
[2] Includes 43 and 53 children from areas outwith the city.
[3] Includes Regional Hospital Board provision.
[4] Cerebral Palsy children with severe physical and varying grades of handicap.

(i) Assessment of Handicapped Pre-School Children

Under the Education (Scotland) Act, 1969, an education authority has power to assess which children, who have not attained the age of five years, may require special education. During the year 86 home visits by medical officers were paid to such children and placement in ordinary and special nursery schools was provided for 70 of these children.

There are now an extra five places for physically handicapped pre-school children in Westpark Nursery Group, bringing the total available places to 12. There have been no additional places made available at Westfield Court Observation Unit.

Forty-one pre-school children were referred to the Department of Special Educational Services for assessment as likely to require special education as mentally handicapped children.

(j) Other Specialist Clinics

In addition to the consultant aural surgeons' and ophthalmologists' clinics, a chiropody clinic is also provided for school pupils. Sessions are held at Sighthill Health Centre, Leith Clinic, and at an occupation centre. The number of pupils examined was 2,527, of whom 153 required treatment; 508 children were referred to the clinic sessions by medical officers, health visitors, or themselves went spontaneously. In all, 3,935 treatments were given. The breakdown of the treatments given were:

Sighthill Health Centre	*Leith Clinic*	*Occupation Centre*	*Total*
968	2,890	77	3,935

3. HANDICAPPED SCHOOL LEAVERS

Medical and nursing staffs continue to work closely with Careers Officers and Educational Psychologists to give maximum assistance to handicapped pupils leaving school. Case conferences are held at which head teachers are present, usually, also representatives of the Social Work Department. At these conferences the employment potential of pupils is evaluated and the agencies which could most appropriately take over the management of the young folk are determined.

Thirty-five special school leavers considered capable of open employment attended the short pre-work experience courses at the Ministry of Employment and Productivity's Rehabilitation Unit at Granton.

During the year 18 less able mentally handicapped school leavers were formally notified to the Social Work Department under Section 66E of the Education (Scotland) Act, 1969, as likely to benefit from the services provided by that department.

4. INFECTIOUS DISEASES

(a) Vaccinations

1. Diphtheria-Tetanus and Poliomyelitis

Little fresh falls to be commented upon this year. It is gratifying to report that among school entrants the diphtheria-tetanus protection rate was 87 per cent, a similar figure obtaining for poliomyelitis.

This was the first year of operation of the scheme to administer reinforcing doses of oral poliomyelitis vaccine to 13-year-old pupils. Parental consent was largely forthcoming and the full protection rates for both diphtheria-tetanus and poliomyelitis vaccinations for this age group stood at 91 and 90 per cent respectively.

2. Rubella

The rubella vaccination programme continued during the year. Next year the full responsibility for continuing the programme in future years will rest with the health department.

(b) Infectious Diseases in Schools

Measles and chickenpox constituted the diseases causing major absenteeism from school but in neither case were the figures large. A much smaller but more troublesome group of cases was that of infectious hepatitis, of which some 44 cases were reported. While the disease is, generally, mild in children, the debility following it tends to be prolonged and interferes with the youngsters' progress at school.

The incidence of scabies was very slightly reduced from last year, but fuller details of this disease, including the number of cases and attendances at the Scabies Clinic are given in the section of the Report dealing with infectious diseases.

(c) Tuberculosis

1. B.C.G. Vaccination

Policy has remained the same: vaccination, preceded by Heaf Testing, was offered to all 13-year-old pupils attending schools under the management of the Education Committee and also those attending 22 private and independent day and boarding schools in the city.

5,896 pupils were Heaf-tested and the results recorded. The overall naturally acquired positivity rate continues to fall and further analysis shows the fall to come from Grades II, III and IV in quantitative terms. There is, in

fact, a slight increase in the Grade I reactors which follows the national trend.

Full statistical details are shown on page 99.

2. Mass Radiography Examination: Positive Reactor Pupils

Policy remained the same for Heaf positive reactor pupils. No radiological evidence of tuberculosis was found among the following groups of pupils X-rayed:

(a) aged 13 years—792 *(b)* over 13 years—1,393

3. School Leavers

Again the policy was unchanged.

Eighty-nine school leavers with strongly positive Heaf tests were referred for continued annual X-ray and by July 1971, 89 had been called and 44 had attended for X-ray. Normal chest X-rays were reported in all cases.

4. Pulmonary Tuberculosis Notification and Follow-up Surveys in Local Authority Schools

	1967	1968	1969	1970	1971
Notifications amongst School Children (all ages) ..	18	12	12	14	9
Notifications amongst School Staff	1	2	1	—	2
Pupil Contact Surveys: Number Tuberculin Tested	59	61	40	—	78
Active Pulmonary Tuberculosis Cases found on X-ray ..	—	—	—	—	—

Further analysis of the 9 notified pupil cases by age revealed that 8 were below the age of 13 years. All were diagnosed primary complex and a source case was found among the out-of-school contacts. No contact surveys were required in school. The older pupil had not received B.C.G. vaccination at 13 years on account of eczema. His Heaf test at that time was reported negative.

Additionally, a 17-year-old pupil attending an independent school in the City, but resident outside, was notified as suffering from acute pulmonary tuberculosis. Contact procedures were instituted in school for an identified group of 98 pupil contacts. Of these, 9 pupils with strongly positive Heaf reactions were recommended for continued X-ray follow-up.

All 98 X-rays at the time of contact procedures were reported negative.

5. Tuberculosis Notifications amongst School Staff

The 2 adult notifications were among non-teaching staff—school meals and janitorial.

X-ray examination of staff contacts was recommended and while the acceptance was incomplete, those X-rayed were reported clear.

5. DEATHS IN SCHOOL CHILDREN

During the year under review 26 deaths of children aged 5–15 years took place, giving a death rate of 4·2 per 10,000 related population. Fifteen deaths were certified as due to accidents and 5 to malignant disease, the remaining 6 deaths being due to miscellaneous causes. Seventy years ago, in 1901, there were 231 deaths within the same age range, a striking commentary on changing trends in mortality.

6. ENVIRONMENTAL HYGIENE

The following table shows the results of the year's work on hygienic conditions in schools in the City.

Toilet Accommodation in Schools

School	Toilets		Outdoor		Hand-washing facilities in outdoor toilets		
	Indoor	Outdoor	Covered	Uncovered	Hot	Cold	None
Nursery ..	16	—	—	—	—	—	—
Primary ..	80	*21	21	—	12	1	8
Secondary ..	27	14	12	2	6	—	8
Special ..	10	† 4	4	—	2	—	2
Total	133	39	37	2	20	1	18

* Includes 8 modern mobile toilet units.
† Includes 1 modern mobile toilet unit.

7. HEALTH EDUCATION

The various activities in this important field are described in the section of this Report dealing with Health Education, pages 46-48.

8. REGIONAL ASSESSMENT CENTRE

During the year under review Part III of the Social Work (Scotland) Act, 1968, came into operation. An assessment panel, formed some time ago in connection with the assessment centre, has devoted much time and thought to the circumstances of the youngsters admitted to the centre. The table on page 96 shows the numerical details of admissions to the centre, but conveys little of the enormous amount of background work which goes into the cases.

9. GENERAL STATISTICS RELATING TO EDUCATION

Population of the area	453,422
Number of schools (under the management of the Education Committee):	
(a) Nursery	16
Nursery Classes	25
(b) Primary	90
(c) Secondary	24
**(d)* (i) Special Schools	17
(ii) Adjustment Groups	2
(e) In receipt of grant from Education Authority and under medical inspection (St. Mary's Cathedral School)	1
	175

* Includes the following not medically inspected by the Authority: Astley Ainslie Hospital, Challenger Lodge, Princess Margaret Rose Hospital, Royal Hospital for Sick Children, Gogarburn Institution for Mental Defectives and Forteviot House.

Number of children on the registers:	
Nursery Schools	1,186
Nursery Classes	1,548
Primary Schools	44,227
Secondary Schools	22,990
Special Schools	1,046
Adjustment Groups	67
	71,064

Average number of children in attendance	69,550
Average number of children in hospital classes	135
Number of children taught at home by visiting teachers	43
Number of children taught in hospital by visiting teachers	52

V. MISCELLANEOUS

Some of the full-time medical officers in the child health service undertake health supervision of the children attending the day nurseries provided by the Social Work Department, and provide medical care as well as health supervision for that department's residential establishments for children and for the Regional Assessment Centre.

Dr. Willison continued her membership of the working party set up to review the place of physical education in secondary schools. Dr. Langton was invited to serve on a working party set up by the Scottish Council for Postgraduate Medical Education to consider the question of training in community paediatrics.

DENTAL SERVICES

by J. W. Craig, Chief Dental Officer

Introduction

At this time of impending change in the structure and organisation of the Health Services it would not have been surprising to find the inevitable restlessness and anxiety associated with change reflected in the work of the service. However, while there undoubtedly exists a pressing need for the proposed reform now to proceed as rapidly and efficiently as practicable, it can be said of the year under review that the remarkable enthusiasm and encouraging determination from all members of the dental team to provide the highest standard of dental care has been well maintained. Support for this point of view stems from continuing evidence of a smooth transition from a service previously concerned primarily with emergency and restorative dentistry to one which places increasing emphasis on prevention and comprehensive dental care based on a minimal incremental disease. The five dental teams established in 1969 to provide dental care on this basis are functioning well and have added a further age group during the year to include all five-, six- and seven-year-old children.

Computer charting, introduced at about the same time, is now producing data on the dental health of children of the same age groups and, in four years' time when all primary school children are included, will yield information which will make it possible to plan and evaluate the service provided with much greater accuracy.

Two major developments, perhaps more than any other factors, provided the source of greatest encouragement. First, the decision taken to extend fluoride mouth rinsing as a means of mass caries control to all primary school children supported by agreement on the provision of the necessary ancillary personnel opened the way to a realistic preventive and educational programme, which in time may well have a far-reaching influence on child dental health in the City. Secondly, the long-awaited arrival of a specially designed mobile dental clinic for the treatment of mentally and physically handicapped children at their places of education will now make routine dental care possible for this group of children.

Two problems which gave rise to some anxiety last year have been resolved. The long-sought replacement for the Central Dental Clinic at 45 Lauriston Place, scheduled for demolition in 1973, has been found in the guise of the abandoned school for mentally handicapped children at Duncan Street. After extensive internal modification and redesign the new centre, with six surgeries, an operating theatre and an oral prophylactic area among its main features, will adequately fulfil the requirements of the school population currently served from the Lauriston Clinic into the forseeable future. One serious reservation remains concerning the situation of Duncan Street School which, however, may be resolved by the provision of special transport for children from some schools.

Four dental centres, although well-equipped, remain seriously substandard. These are at the mother and child welfare clinics at Leith Links, South Fort Street and Stenhouse, and James Clark's Secondary School. The Leith Links site is eminently suitable for redevelopment as a health centre, but alternative accommodation of modern design is required to up-grade the remaining clinics to an acceptable level in a modern health authority.

The decision to proceed with a new health centre in the Wester Hailes district incorporating a twin-surgery dental unit to serve an anticipated primary school population of 2,500 by 1974 came as welcome news.

A major disappointment during the year was the complete failure to make further progress on the City Council's recommendation in 1969 to fluoridate the public water supplies. It is a matter of deep concern that the area water board has failed to accede to the wishes of the majority in its area. It may well be that nothing short of national legislation will bring about this much-needed preventive measure.

Statistical Return

Nowhere is the evidence in support of a vigorous service more apparent than in the tables of statistics detailing the work carried out during the year. It is clear from an examination of these figures that the steady upward trend in the number of children examined and treated has continued. The number of attendances for treatment at 69,129 is the highest on record.

As a result of an imposed change in the method of recording the annual figures it is not possible this year to calculate the acceptance rate as a percentage of those children offered treatment. However, expressed as a proportion of those children found to require treatment, many of whom habitually attend general dental practitioners, the figure is 54·3 per cent and illustrates the continuing confidence in the service provided.

The number of extractions of teeth has fallen by almost 2,000, while the number of fillings has increased by over 1,000, giving an improved ratio from 1:2·8 last year to 1:3·1 this year.

On the debit side it has again proved possible to examine less than half the school population (45·1 per cent). It is difficult to foresee any dramatic improvement in this figure as long as the dental staff remains overloaded by the treatment commitment. A solution to this problem is possible provided that a substantially higher number of trained staff, notably auxiliary personnel, is deployed to carry out treatment and prevention in order that a larger number of dental teams may provide systematic dental care for a greater number of children. At the present time all the evidence indicates that in spite of a major contribution from an excellent general practitioner service too many children are not receiving the treatment they require, since of nearly 30,000 children examined 24,000 (79·9 per cent) required treatment (Table I, page 101). This situation must not be accepted with indifference.

Prevention of Dental Diseases

Only in recent years has it been realised that dental health cannot be achieved by remedial therapy alone, no matter how large the dental task force. There exists an increasing awareness that dental diseases can only be brought within manageable limits by the application of proven educational and preventive techniques and that only when these are given the priority they deserve is there any hope of improving standards of community dental health. Clinical preventive methods currently in use include, for every child, the application of an acidulated phosphate fluoride solution or gell as a routine part of every course of treatment, usually twice per year. In addition, every child attending surgery receives a two-minute rinse of 0·2 per cent sodium fluoride at each treatment visit. Chairside teaching of plaque control and a good oral hygiene technique is also part of the comprehensive care programme undertaken by the dental teams. On a community basis prevention and education are combined in the school activities of ancillary personnel.

Fluoride Rinsing

Following the conclusion of the successful trial of fortnightly mouth rinsing in school with a weak solution of sodium fluoride as a mass means of caries control, progress towards making this service available to all primary children has been retarded only by the shortage of ancillary personnel. Nevertheless, at the end of the school year, 3,500 children were rinsing fortnightly in eighteen primary schools and parental acceptance was encouragingly high at 94 per cent.

A wide extension of the rinsing programme is now envisaged with the appointment of five dental health assistants, a new grade of ancillary specially created to meet the community dental needs of children in Edinburgh and the first such ancillaries of their kind in the United Kingdom. The dental health assistant is seen as an extension to the clinical team operating in the community and will be concerned primarily with the supervision of fluoride mouth rinsing and with dental health education. Thus children will seldom be far from a good dental influence throughout their primary school lives. In the original study area this regular contact has already had a dramatic influence on the standard of oral hygiene and general awareness of the importance of a healthy mouth to the point where the improvement would be easily recognised even by a lay observer. The dental officer in charge of the school clinic reports a fall in the number of broken appointments and an increase in the number of children seeking routine dental care.

Provision of an attractively decorated mini-estate car will ensure maximum use of school time. It is confidently anticipated that by the end of 1971 some 10,000 children in forty primary schools will be participating and that by the end of the school year 1972 this number will be nearer 20,000. This latter figure represents only half the school population in the age group 6–12 years so that a further five dental health assistants will eventually be required to complete the programme.

Dental Health Education

Year by year the time and effort devoted to dental health education has increased and with the appointment of Mr W. A. Wishart to the post of Senior Preventive Officer in 1969 this aspect of the work of the dental service received renewed impetus. Greater emphasis than ever before is placed on educating and motivating children to care for their own mouths. No fewer than 1,542 half days were spent, mainly by ancillary staff, teaching dental health, a figure which represents a 60-per-cent increase on last year's record

figure. The educational programme has been carried through mainly by hygienists and auxiliaries to whom considerable credit must accrue. During one term and in four allocated schools valuable assistance was given by the trainee oral hygienists from the School of Oral Hygiene, Edinburgh Dental Hospital.

The session began with the marathon distribution of 7,000 dental hygiene kits to 88 primary schools, followed six weeks later by a return visit to each class of five-year-old children to distribute Happy Smile badges. Results of an appraisal of this annual programme, carried out in Dundee on behalf of the Scottish Health Education Unit, are awaited with interest.

The schools in the Niddrie area are worthy of special mention because of the important place given to dental health in the preparation and presentation of a project on civic life. The children produced beautifully illustrated folders on dentistry together with tape recordings and two classes were invited to visit Greendykes dental clinic where they were able to see a modern dental surgery in operation.

Mothers and pre-school children are not forgotten. In two centres an advisory dental clinic for young mothers is a routine feature every fortnight. Small attractive diet cards have been prepared for distribution as an aid to good dietary habits for the whole family.

Thanks to Gibbs' Proprietaries Ltd. a tube of new Signal 2 dentifrice, which contains sodium monofluoro phosphate, will be presented to all primary school children in the autumn term of 1971. During the course of the class-by-class distribution the ancillaries will direct the attention of children to the effectiveness of fluoride toothpaste in caries prevention. It is hoped that parents will respond by continuing to provide their children with a fluoride containing paste.

Orthodontic Treatment

The total number of cases under treatment during the year was 803 or 6·18 per cent of all acceptances between the ages of five and seventeen years. Of this number 214 were concluded satisfactorily, an increase of 13·2 per cent and 33 (4·1 per cent) cases were discontinued or discharged as unsatisfactory.

The number of cases continuing at the end of the year (552), however, also shows an increase on the previous year of 12·19 per cent, and the growing imbalance between the number of new cases and those completed must soon lead to a restriction in the number of new cases accepted for treatment. In face of the acknowledged need for orthodontic treatment and the growing demand, consideration must be given to the appointment of a full-time orthodontist within the next two years.

Oral Surgery

The consultant oral surgery service continues to be provided at Sighthill Health Centre on a regular sessional basis as in previous years. Thirty-three cases were referred for consultation and treatment, and 7 cases were further referred to the Eastern General Hospital for in-patient care.

Care of the Handicapped

Many of the difficulties of providing dental care for the handicapped child referred to in last year's report will be resolved by the facilities provided by the new mobile dental clinic which has been specially designed for this group. It is the first such surgery in Scotland and only the third in the United Kingdom to be custom-built for handicapped children.

The unit consists basically of a surgery area, a waiting area and a hydraulic

tail lift which enables children in wheel chairs to be raised from the ground to the floor level of the unit effortlessly. Once in full commission, it will serve all special schools and occupation centres in the City and will be towed from one site to the next.

In the past some handicapped children have been unable to obtain routine treatment because of the problems of transport to fixed clinics, or through absence of staff or parents to accompany them. The new clinic will eliminate many of these difficulties and bring routine dental care to these children for the first time. The new systematic care service complements perfectly the specialist facilities already available in Edinburgh Dental Hospital and the Royal Hospital for Sick Children. The functioning of this well-integrated service is greatly facilitated by the joint appointment arrangement between the local health authority and the University Department of Children's Dentistry at Edinburgh Dental Hospital.

All local authority staff can play a valuable part in the dental care of handicapped children by continuing to encourage parents to seek early dental advice before treatment is required and to reinforce advice on the dietary control of decay including the taking of sodium fluoride tablets and in the use of fluoride-containing toothpastes. In no group is the prevention of dental disease of greater value.

Surveys

1. The longitudinal survey in co-operation with Professor J. N. Mansbridge of the Department of Preventive Dentistry, University of Edinburgh, was continued into its fifth year. 405 eight-year-old and 417 nine-year-old children were examined in the study to provide information on the effectiveness of conventional methods of dental health education and to compare the results against:

   (a) a control group of children of similar socio-economic status, and

   (b) a group of higher socio-economic status.

   Interim results show no statistical difference between the experimental group and group *(a)*, but a lower caries experience in group *(b)* when compared with either the experimental group or group *(a)*. At this stage no final conclusion can be reached on the long-term effects of dental health education as currently practised.

2. A second joint longitudinal study with the Department of Preventive Dentistry into the effectiveness of mouth rinsing with a 0·2 per cent solution of sodium fluoride every fortnight at school as a method of reducing incremental caries was continued into its third year.

   Results to date show no statistical difference between the experimental and control groups. This may be explained by the very poor state of the primary dentition at the outset of the study, but it is anticipated on the published results of similar studies elsewhere, notably in Sweden, that the efficacy of the method will become apparent as the permanent dentition erupts.

Undergraduate Visits

All fourth-year students from Edinburgh Dental Hospital attended the Central Dental Clinic as in previous years to study the local authority dental services with particular emphasis placed on the preventive aspect of the authorities' work. Visits were also arranged to regional clinics and to Sighthill

Health Centre where other aspects of the service were studied. The Chief Dental Officer delivered a series of lectures on dental public health and the organisation and structure of the health services to final-year dental students.

Establishment

The benefit accruing from an increase in the establishment of oral hygienists from three to five and the appointment of an additional dental officer will not be fully realised until next year. No further increase in the dental officer establishment is envisaged, but the need for more ancillary staff is urgent. Parity in numbers between dental officers and auxiliaries and a 2:1 ratio for hygienists will provide the manpower necessary to implement fully the dental team concept so successfully established on a limited scale two years ago.

Some difficulty has been experienced in recruiting dental surgery assistants of the right calibre. This situation, first remarked upon a year ago, is unlikely to be resolved until a substantial improvement in salary is possible, particularly at the lower end of the salary scale. For the same reason there is some anxiety about attracting and retaining oral hygienists, particularly in the face of competition from general practice.

Conclusion

The school year 1970/71 has been one of consolidation and of advance. There is much from which to derive satisfaction and there is every temptation to be well satisfied. But as long as the level of dental ill-health remains high and in circumstances where children, numbered in thousands, are still not receiving examination and treatment they undoubtedly require, there is no room for complacency. Much remains to be achieved in the provision of a dietary counselling and advice service to nursing and expectant mothers, who must be encouraged to introduce their pre-school children to dental care early in life. Exciting new developments in preventive dentistry continue to occur, notably in the area of fissure sealants which may herald the day of "filling without drilling" for young children. These developments require to be tried and evaluated.

In a situation of rapidly expanding population and demands for dental care from a better educated and more affluent society two factors will stifle further progress unless tackled early. First, the value of ancillary personnel in the development of the team concept of comprehensive dental care must be recognised. There exists not only a local need for ancillary personnel but a national need which cannot possibly be met from the inadequate resources of existing teaching schools. Scotland would do well to make early provision for its own school of ancillaries. Secondly, if ancillaries are to be employed gainfully new clinics with minimum accommodation of two surgeries and the development of health centres must be given priority planning consideration.

The future is both exciting and challenging. Prognosis for adult dental health depends very largely on adequate care in childhood and thus a considerable onus of responsibility will rest with health boards in an integrated service to continue the pioneer work of the local health authority by making proper provision for community dentistry in the years that lie ahead.

SECTION III

COMMUNITY CARE

Health Centres

Family Planning

Mental Health Service

Chiropody Service

Care of the Aged

Cervical Cytology Services

Misuse of Drugs

COMMUNITY CARE

by I. F. Craik, Depute Medical Officer of Health,
C. F. Campbell Chief Administrator

CHANGE

Throughout the years the Health Department has become used to change. In fact, much of our effort has been endeavouring to promote change, sometimes in the person, sometimes in the community, sometimes in the environment and quite often a combination of all three. While during 1971 we have continued to promote this type of change, we have been much concerned with the change in organisation. First there is the reorganisation of the health service with the government proposals finally being set out in the National Health Service (Scotland) Bill published on 19th January 1972 which, with relatively little amendment, became an Act on 9th August 1972. Of course the other imminent, but separate piece of legislation will reorganise local government in Scotland and uniquely among local authority departments the Health Department is involved in each.

In connection with health service reform there have been many official discussion papers requiring often detailed consideration and as well as the Medical Officer of Health, who took the important chairmanship of the discussion group concerned with the community medicine proposals, the senior school medical officer and the chief administrator have also been involved in these working parties.

These changes at national level require considerable adjustment to the internal organisation of the department and we now congratulate ourselves on our foresight in completely reorganising the internal structure of the department at the time of the setting up of the Social Work Department. The department has operated with two broad divisions—one of community medicine and the other of environmental health/community protection with a central administration in the co-ordinating role. A chart showing this structure has been outlined in each annual report since 1969 and is again shown on page 8.

In connection with health service reorganisation, both external and inservice courses have been organised for various groups of staff and these, along with orientation courses, will involve the other two branches of the present health service, and continue up to and beyond the setting up of the new service in April 1974. In addition, the various professions within the health service are having discussions with colleagues in the other branches of the service in the South-East Region in an effort to solve local problems. Unfortunately, the same cannot be said about environmental services for with local government reform a further year ahead, few decisions have yet been made with regard to the future of the environmental services—sanitary, analyst, mortuary, disinfection, disinfestation and cleansing station, and it has not been decided whether these sections will continue in one department, be organised separately or form part of an enlarged environmental service.

Whatever the structure, or the combination of the sections, there will be a need for an environmental health or public health department with environmental health officers concerned with infectious disease control, the quality and safety of food, housing and sanitation, pest control, pollution by smoke fumes and noise, and with the dangers to the environment by radio-active chemicals, etc. The need for the mortuary, for an analyst service, and for the other services mentioned above is also self-evident but what is not so often appreciated is the vital interlink between them all and the organisation required

for this, backed by medical advice when needed, which has been automatically supplied by the Medical Officer of Health and his staff since the time of Sir Henry Littlejohn.

Therefore, while no one would question the importance of structure both in the new health service and in local government, there is no doubt that in the provision of services, it is the effective combination of various types of expertise which produces the best results. The best way to achieve this, especially in the midst of change, might be by multidisciplinary teams engaging in forward planning and co-ordinating the provisions for communicable disease control and environmental health at district level involving both future health and local authority services.

Planning groups of this kind have already proved their value in Edinburgh and the South-East by inquiring into the provisions for the elderly and would seem to offer the opportunity of not only working together but of delivering what is after all, our main objective, the best type of service to the community.

HEALTH CENTRES

Generally, the aim in building a health centre is to ensure the bringing together of different disciplines and services covered by the term "medicine". It is instrumental in promoting the integration of these services and thus ultimately benefiting the patient. As there are endless variations on this theme, no two health centres provide exactly the same facilities, but basically one finds the family doctors, most local health authority services and certain regional board services.

These centres allow the closest co-operation between doctors, nurses, consultants, health visitors and social workers and result in more economic use of manpower and of a more efficient service. Regarding the Edinburgh Health Centres, that at Sighthill—the first health centre opened in Scotland—is the responsibility of the Scottish Home and Health Department and financial arrangements are regularly revised with that department in respect of the local authority services operating from it.

Springwell House at Ardmillan Terrace, on the other hand, was a local authority financed health centre under delegated powers from the central department, and during the year there have been considerable improvements in facilities available to patients and the X-ray equipment installed in this centre, on an experimental basis by the Home and Health Department, is now in use by the general practitioners. Further, general practitioners have expressed a wish to practice from the centre at and the end of the year various proposals were being considered which, it is hoped, will eventually mean one further general practitioner operating from the centre.

Responsibility for the Stockbridge Health Centre, originally a local authority project, has been taken over by the Scottish Home and Health Department, although when completed the operation will be the responsibility of the Health Department. Working drawings for the centre are in course of preparation and it is hoped that building on this restricted site will not be long delayed.

During the year a definite site was agreed for the Wester Hailes Health Centre excellently placed adjacent to the main shopping area. Originally, it was hoped that this might be a composite building, covering as well as the health centre, an area social work office and a district office for the housing department. This has not been possible, but it is being designed so that the health centre and social work premises are in the closest proximity.

A working party, drawn from members and officials of all branches of the

health service, together with a representative of the Corporation's Town Planning Department, are considering the requirements for health centres in Edinburgh, and a professional sub-group of this working party is in the course of preparing detailed recommendations on the most appropriate sites throughout Edinburgh, so that an almost comprehensive service from health centres can be provided for the whole City.

FAMILY PLANNING

In previous years there was an arrangement with the Edinburgh branch of the Family Planning Association that advice and supplies be made available on health grounds at various centres throughout the city.

Section 15 of the Health Services and Public Health Act 1968, which came into operation on 1st September 1970, gave local authorities powers to extend their services beyond medical grounds. Following considerable discussion the City of Edinburgh adopted a Scottish Family Planning Agency Scheme whereby the Family Planning Association provide services on behalf of the local authority on the following basis:

services to be limited to residents in the City of Edinburgh;

services to be available to persons over 16 years of age irrespective of marital status;

free consultation and advice and free supplies to be provided for medical cases;

free consultation and advice only to be provided for non-medical cases.

This extended service came into operation on 1st June 1971. By the end of the year there had been 1,367 first visits (the basis on which the charge is levied), of which 601 were new patients in the medical category and 4,651 first visits, of which 1,675 were new patients in the non-medical category.

During the year the number of centres where Family Planning Clinics are held was extended to nine, seven of these being in Health Department premises. For several years arrangements have been made for our health visitors to attend refresher courses, to enable them to advise parents on modern methods of family planning and a family planning course is now an integral part of Health Visitor Training.

Towards the end of the year, consideration was given to the proposal by the Family Planning Association that their Domiciliary Family Planning Agency Scheme become applicable in Scotland. It was agreed in principle that in operating a domiciliary family planning scheme, this would be done in conjunction with the Family Planning Association but it had not been decided by the end of the year the simplest and efficient, yet most effective, method of bringing this service to those most in need.

MENTAL HEALTH SERVICE

Once again one of our part-time medical officers in department discharged the duties of "responsible medical officer" in accordance with the terms of the Mental Health (Scotland) Act 1960, for patients received into guardianship. by the end of the year these numbered 27, of whom 15 were outwith Edinburgh.

Each of these patients must be visited once annually as a legal minimum and a statutory report must be completed every other year to renew the authority for guardianship.

In addition, the medical officer in department visited the Senior Training Centres at Slateford, Lauriston and Cameron House, and the Work Centre at Longstone, both to provide medical supervision and advice, and to assess the suitability of those in, or about to be admitted to, these centres. As well as visiting the centres this work often involves a home visit and a report to the appropriate area officer in the Social Work Department.

As well as these particular responsibilities, the medical officer is available to any member of the Social Work Department, hospital or voluntary bodies, youth employment service, etc., with advice on mental health problems and this aspect of the work can also involve obtaining records from the Social Work Department and paying home visits before sending a report or recommendation to the appropriate body.

CHIROPODY SERVICE

by L. M. Hamilton, Chief Chiropodist

The demand for the service still continues to expand and during the year approximately 125 new patients per month were treated at the six clinics, and over 50 new patients per month by the Domiciliary Service. During the year authority was given to recruit six more chiropodists. Unfortunately, despite repeated advertisements, only one of these posts has been filled by a permanent appointment and it has been necessary to secure locum services to the equivalent of three full-time chiropodists, leaving two posts unfilled.

The increase in the number of patients and our inability to recruit staff has inevitably meant that the waiting time for patients between treatments has again grown to an unacceptable length—10–11 weeks for clinic patients and 12–14 weeks for domiciliary patients.

It is hoped that during 1972 we will be able to recruit staff up to our full establishment and the Edinburgh vacancies have been brought to the attention of the various schools of chiropody.

As a result of the expansion in the service and the extra administrative work involved in this and particularly in arranging for locums, it has been recommended that a post of Depute Chief Chiropodist should be added to the establishment by up-grading one Senior Chiropodist's post, but this has still to be agreed.

A statement showing number of patients and treatments during 1971 is set out below with 1970 figures in brackets.

CHIROPODY SERVICE

Statement of Patients and Treatments for 1971

	Patients	*Treatments*
Clinics	7,622 (6,779)	37,687 (34,967)
Homes	343 (335)	1,784 (1,716)
Domiciliary	2,581 (2,100)	9,572 (8,358)
	10,546 (9,214)	49,043 (45,041)

CARE OF THE AGED

Two Medical Officers in Department carry out on behalf of the Social Work Department ascertainment of the elderly for admission to the Corporation homes, and provide general medical supervision at these homes. During the year under review, there has been no outbreak of any infectious disease, and

apart from the deterioration due to normal ageing processes—failing locomotion, early loss of bladder control and dulling of mental awareness, the general health of those in residential care has been satisfactorily maintained and supervised by the general practitioners and homes staff.

Dietary of a very good standard has been maintained and all ancillary services are functioning satisfactorily, except that it has not been possible to continue the post of preventative physiotherapist.

When transfer to hospital is required, this is arranged by the exchange system, with geriatric hospitals, if and when this is practicable, and this has worked most satisfactorily, with the time taken to implement now reduced to a minimum.

Although, as in past years, several cases have been investigated with a view to compulsory removal to care, action under Section 47 of the National Assistance Act (Scotland) 1948 has not been required, as the problems were solved otherwise than by legal action.

For general admissions, priority lists from the medical and social point of view are maintained, but due to lack of accommodation delays are inevitable. Over all, there is an approximate increase of some 15 per cent in the new cases seen this year compared with 1970. Thus, as waiting time for vacancies increases, so do the numbers requiring review, as circumstances can often change in the time since the first assessment.

The policy of trying to discharge from the long-stay mental hospitals is reflected in this Section's work by the increased number of applications, particularly from Bangour Hospital. Many of these cases have been in hospital for lengthy periods, and in one case this amounted to over 40 years. Despite their hospital background, these cases appear to have settled into residential accommodation satisfactorily.

A disturbing feature of the work is that each year there are several cases admitted direct to residential accommodation who later, because of their mental or physical condition or both, prove to be beyond homes' care. This would seem to justify the setting up of a small holding unit to which emergency cases could be admitted for assessment by the geriatricians, the local authority doctors and, if necessary, the psychiatrists—and this should be in addition to the psycho-geriatric unit for which arrangements are already being made.

CERVICAL CYTOLOGY SERVICES

During the year 2,781 smears were taken at our clinics (1,579 in 1970). Thirty-one were recalled and nine women with positive smears were referred for the appropriate cancer-preventative treatment.

Of the total, 550 were third-year recalls from 1968, and none of these was positive; 490 were seen at sessions specially for office staffs and none of these was positive. 124 women were advised to consult their family doctors for other previously undiagnosed conditions.

For the convenience of residents, morning sessions were arranged once monthly in four City areas distant from the hospital clinics. This service commenced only in October but is already establishing itself and is of real importance for the encouragement of reluctant attenders.

The breakdown is as follows:

	Under 20 yrs.	*20–29*	*30–39*	*40–49*	*Over 50 yrs.*	*Total*
Screened	12	372	905	933	559	2,781
Recalled	2	5	10	3	11	31
Positive	—	2	1	2	4	9

Misuse of Drugs

A sub-committee of the Chief Medical Officer's Consultative Committee of Medical Officers of Health in Scotland was set up in 1968, to assess the present prevalence of misuse of drugs which cause dependence. The main objectives of the sub-committee are to monitor the position periodically and to retrieve and evaluate as much information as is available.

The first report entitled "Misuse of Drugs in Scotland" was published in 1970 and the most recent report was printed on 1st February 1972. Copies of these can be obtained from H.M.S.O.

The main indications arising from the enquiry are that drug misuse has become more prevalent in Scotland in recent years, but on balance the damage to the nation's health is relatively small, compared to the wide-ranging effects of cigarette smoking and alcoholism.

SECTION IV

COMMUNITY NURSING

Health Visiting Service

District Nursing Service

HEALTH VISITING SERVICE

by D. M. Riddell, Superintendent Health Visitor

Health education and prevention of illness are two of the most important facets of the work of the health visitor. They recur in different guises, sometimes in schools, with student health visitors, or in the advising of parents to promote and maintain a successful immunisation programme.

In the field of venereal disease, in 1971 it became necessary to second an additional full-time health visitor to help trace, follow-up and advise contacts. Two health visitors are attached to the team working with the consultant venereologist at the Royal Infirmary, Edinburgh.

Health Education in Schools

Health visitors take part in teaching in ten secondary schools. Although this is not an increase in the number of schools in this scheme, the content of the course of lectures has expanded and pupils of different age groups are now included.

In six primary schools health visitors talk to pupils in senior primary classes. In this there seems to be a deepening appreciation of the value of health education. Children in some of the special schools who are physically or mentally handicapped are also receiving the benefit of health education classes. One health visitor took part in a B.B.C. television programme for schools in Scotland.

Links with Children in Playgroups and Day Nurseries

It has long been a part of the health visitor's function to visit children in the local playgroups in her area. As the number of pre-school playgroups have grown, so have the health visitors continued to maintain their interests in these children. Visits by health visitors to day nurseries and discussions with the nursery staff are more important than ever, as the number of mothers who seek full-time employment continues to rise. The recommendations concerning admissions to day nurseries helps to foster good relationships between health visitors and social workers.

Hospital and Health Visitor Liaison

As in former years this aspect of health visiting continues to grow and hospitals or units, hitherto not linked to the district health visitors by a liaison health visitor, are being drawn into the network. In 1971, new links have been forged with Gogarburn Hospital, Bangour Village Hospital and in certain wards of the Royal Infirmary, Edinburgh, the latter concerning selected patients discharged after a mastectomy operation. A list of referrals to and from hospitals either by means of the liaison health visitor or through the appropriate medical social worker is to be found on page 42, the total numbers giving some idea of the volume of work involved.

Battered Baby Syndrome

This sad and sinister situation continues to be of increasing concern to all workers involved with the family. Meetings and discussions have been held to try and eradicate the cause of such suffering. The health visitor may be the first person to suspect unrest in a home. Even so, it is not easy to prevent or deal with the upsurge of feelings which may cause a parent to strike his child. Regular case conferences such as those arranged by the West Pilton Care Committee do help to focus concern among the health visitors and other workers who attend and who are in a position to call in the appropriate consultant through the general practitioner where help is required and required quickly. It is this sort of setting which fosters good liaison and united action.

Talks to Outside Groups

In addition to those arranged through the Health Education section, talks have been given to staff nurses, pupils and enrolled nurses who proved to be the most interested of audiences.

Health Visitor Attachment to Group Practices

Approximately one-third of the health visitors are now attached to groups of general practitioners. Many more health visitors are working in close liaison with family doctors and participate regularly in case conferences. The benefit of the community team comprising general practitioner, health visitor and district nursing sister, is obvious and the advantages of group attachment outweigh the few apparent disadvantages. However, it is worth noting that the district health visitor working in a compact geographical area is easily recognisable and is consequently readily approached by the public as she walks through her district. In contrast, the "attached" health visitor has to travel greater distances by car to visit the families of the practice and is not so easily identified as in her previous work situation.

More schemes for attachment are being planned. The resources of the community team may be used to greater advantage as duplication of visiting is avoided where attachment is in operation. Time taken in the preparation and planning is reflected in the effectiveness which results. It must be appreciated, although this is not always so, that at the onset of attachment, a health visitor has to replace the majority of the families, often well known to her for years, by those visited by the practice doctors. In contrast, the doctors face no such upheaval and they continue to visit patients who may have been registered with them since birth. See table on page 105.

Surveys

Early in 1971 two health visitors were asked to participate with a general practitioner and a consultant in the follow-up of patients discharged home from hospital after a coronary thrombosis. This is still on-going. Some health visitors continue to visit in connection with the Medical Research Council follow-up survey on whooping cough.

The Elderly

Health visitors are increasingly concerned with visiting old people. These visits are more time-consuming than most.

Staff Training

Full use is made of study days and courses offered to keep staff up to date through learning new trends in the Health Service. Where feasible, specially tailored lectures and discussions are arranged within the Department. In August all the health visitors had the opportunity of attending a study day on the appreciation of the principles of management which was led by Dr. S. Macrae, senior lecturer of Strathclyde University, and was arranged specially for them.

Earlier in the year, study days were arranged by the Health Visiting Section for some of the psychiatric community nurses from hospital to gain insight into the local health authority nursing services.

Child Health Centres

In this field routine work continues. It is in here that much fundamental health teaching may take place and where it is easier to carry out screening tests, for example, of hearing assessment of young children.

Screening Tests for Ascertainment of Hearing Defects

1. Total number of children who have been tested by health visitors	5,010
2. Number of children who failed screening test the first time	233
3. Number of children who failed screening test the second time	47
4. Number of children referred for further investigation	54

Tuberculosis Health Visiting

The team of four health visitors continue to give a specialist service. Their work includes the follow-up and giving of much appreciated supportive help to patients and their families. The health visitors keep a watching brief on persons living in hostels and lodging-houses who require a great deal of persuasion to attend the contact clinic for chest X-ray.

Ancillary Staff

Mention must be made of the constant assistance given to health visitors by school nurses in the School Health Service. Their contribution is invaluable to good team work and the amount of work done is shown in the relevant tables in School Health Service.

The health assistants continue to make their own considerable contribution in the health visitors' office and work centres. Communications are aided by the regular meetings of representatives from all work centres held in the main health visitors' office. Just as each health visitor has her own case load, similarly the health assistants have their own rota of work centres and group of health visitors to whom they are attached. In 1971 they carried out 1,463 home visits under the supervision of the health visitors.

Professional Aspects

In June 1971 members of the Briggs Committee on Nursing visited the Health Department and sought evidence from a group of health visitors drawn from all levels of the staff.

Health visitors have recently been involved in a considerable number of meetings concerned with the pending reorganisation and integration of the health services in Scotland. In Edinburgh the staff have been divided into four geographical areas and discussions are arranged so that current and future trends may be studied and new ideas passed to the appropriate quarter for action.

HEALTH VISITOR AND HOSPITAL LIAISON REFERRALS, 1971

Hospital	*Number of cases referred from Hospital to Health Visitors*	*Number of cases referred from Health Visitors to Hospital*
Geriatric Patients;		
Astley Ainslie Hospital	400	206
Longmore Hospital	88	96
Bruntsfield Hospital	46	2
City Hospital	39	15
Liberton Hospital	32	3
Southfield Hospital	46	4
Princess Margaret Rose Hospital ..	61	15
Maternity Patients;		
Eastern General Hospital	562	115
Elsie Inglis Maternity Hospital ..	1,578	202
Simpson Memorial Hospital ..	4,381	690
Western General Hospital ..	1,401	21
Child Patients;		
Leith Hospital	158	51
Western General Hospital ..	410	60
Royal Hospital for Sick Children ..	216	54
Psychiatric Patients;		
Royal Edinburgh Hospital ..	*	*
Royal Infirmary Self-poisoning Unit	234	15
Bangour Village Hospital (from October 1971)	17	8
Mental Deficiency Patients;		
Gogarburn Hospital (from July 1971)	4	1
Others;		
City Hospital Infectious Diseases ..	734	29
Northern General Hospital ..	36	—
TOTAL ..	10,443	1,587

* Due to the number of referrals who are discharged and subsequently re-admitted it is difficult and inaccurate to include figures for this list.

DISTRICT NURSING SERVICE

by M. Maclean, Superintendent, Queen's Institute of District Nursing

In 1971 the District Nursing Service covered new ground by the introduction of a 24-hour nursing service in the City. A gradual increase in the number of district nursing sisters working with family doctors also took place, but here the progress has been slow.

Nursing Visits of Patients 65 Years and over

A total of 4,083 patients were treated during the year, and 156,786 visits were made to them.

The care of the elderly continues to present a heavy case load, and while the nursing staff find this part of their work to be very worthwhile, it is felt that the service given would be so very much better if there was an adequate supporting Home Help Service available in the City.

Outpatient Surgery

The scheme, which commenced with the Western General Hospital last year, has continued, and during 1971 51 patients received nursing care following surgery, and the outcome of this care has been entirely satisfactory. It is envisaged that there will be an increase in the number of patients treated when the new Day Bed Area comes into use at the hospital.

Planned Early Discharge of Patients Following Surgery

We were indeed pleased when in March 1971 a planned early-discharge programme commenced with the Royal Infirmary, at the invitation of Mr A. Macpherson, Surgeon in Administrative Charge, Wards 11 and 12. Very soon other wards in the surgical block participated in this scheme, and we now have a firm liaison with several wards in the hospital. 215 patients have been attended to in the period April–December 1971.

A successful follow-up liaison scheme also continued throughout the year with the Northern Group of hospitals. A total of 389 patients were attended to for nursing care at home.

Eastern General Hospital—The District Nursing staff undertook the nursing care of 71 patients following surgery.

Leith Hospital—Follow-up visits were undertaken on behalf of 23 patients who were discharged a few days earlier than would normally happen.

Western General Hospital—Nursing care was given to 295 patients discharged after surgery.

Paediatric Home Nursing Scheme

During the year, the district sister engaged in this work undertook the care of 587 patients following hospital treatment, and she paid a total of 2,400 visits.

It is now generally appreciated that this arrangement is in the interest of child patients, and this scheme is now an accepted part of the District Nursing Service. It is hoped that in the near future, a second paediatric-trained district sister will be appointed to undertake this work.

Night Nursing Service

A pilot scheme commenced in June 1971, and four experienced part-time district sisters, who are motorists, were appointed to work on a rota basis. One sister is on duty every night from 11 p.m.–7 a.m., and is available to undertake visits at the request of the family doctors.

A telephone answering machine has been installed in the office at 29 Castle Terrace, so that messages can be recorded while sister is out on calls.

Marie Curie Nursing Service

We are exceptionally grateful to the Marie Curie Memorial Foundation for the assistance we receive in the night-nursing care of patients suffering from terminal illness. This service is greatly valued by the families concerned.

District Nurse Attachment to General Practice

During the year a further seven attachments have commenced, and the staff working in group practices have undertaken 91,579 home visits and 33,191 surgery treatments. There are now 41 district nursing personnel working with 120 family doctors, and it is hoped that these numbers will rapidly increase, as in the future it could become an administrative problem to

run what almost constitutes two parallel schemes, that is, nursing staff working on widely scattered geographical areas interspersed with nursing staff who are attached to general practices.

Sighthill Health Centre

The total number of patients during the year was 5,013, an increase of 256.

In this connection one of the district nursing sisters working in group attachment at the centre, worked in the treatment room for one hour daily, and this relieved the work load for the regular treatment-room sisters.

District Nurse Training

This year again recruitment has been good, and it has been possible to be more selective in appointments to the service.

27 Registered General Nurses trained for Edinburgh
8 " " " " " Scotland
12 " " " " on a day-release basis for Scotland

4 Enrolled Nurses trained for Edinburgh
13 " " " on a day-release basis for Scotland

Courses held at the Training Centre in March, September and November 1971

In March and September a two weeks' course for "District Nursing Sisters Working in Group Practice" was held, and a total of 47 district nursing sisters attended (21—March and 26—September). This course was found to be most helpful.

An "Inservice Appreciation in Management Course" for district nursing sisters was held from 8th to 12th November inclusive.

Cancer Exhibition in Hall at Health Education Centre

Anti-Smoking Exhibit at Sighthill Health Centre—1971

Child to be treated within Mobile Dental Unit

The Mobile Dental Unit

Automatic Lift of Mobile Dental Unit

Photograph by Courtesy of "The Scotsman" (Publications Ltd.)

Specially decorated mini van purchased in August, 1970, for use in the Fluoride Mouth Rinsing and Health Education in Primary Schools

Ratings Course—Leith Nautical College
Students discuss Health Hazards in the '70s

Measles Immunisation, Firrhill Clinic

SECTION V

HEALTH EDUCATION

EDUCATION FOR COMMUNITY HEALTH

by L. M. Watson, Senior Medical Officer

"For man stands in his own shadow and complains
of the darkness"

Our objective is to educate for quality of life in a community that is physically, mentally and socially healthy. The benefit of advances in diagnosis, treatment and prevention is lost if the new knowledge is not shared then acted upon by people themselves. Communicate and participate, persevere with patient conviction was the message for health educators in 1970.

In 1971, the keywords were "audience-motivation and participation".

From naive misbelief that information given means education completed, it was appreciated that there can be no behaviour change until attitudes are modified. Searching deeper to study how behaviour is caused reveals how complex and manifold are the reasons, and to overcome the barriers, real and preferably immediate incentives must be provided to motivate any desired behaviour. Only short-term simple aims can be filled by any single effort or campaign; true education for responsible independent judgement develops slowly.

Happily, incentives can be found. There is real and welcome evidence that many Edinburgh people wish to participate in solving health problems and will do so when invited. Such topics draw good attendances and promote effective discussion. To reach individuals and every kind of formal, informal and target groups in the city, every member of the health department is active.

Consultancy Service: From within the city and much further afield, a wide variety of individuals have come to discuss health programmes and projects. Several voluntary bodies consulted to consider how they could be usefully involved. There is still too great a pre-occupation with disease and the more dramatic health hazards, but from such a starting point, more positive and broadly based themes are often developed.

Advice on programmes for secondary and special schools and colleges has been sought and always followed by invaluable discussion with their members of staff.

Discussion is not vague. Each exercise has been carefully structured on a five-point scale to ensure success and progress: 1. Assessment of the situation; 2. Objective defined; 3. Target group selected; 4. Logistics programmed, including participation and follow-up; 5. Evaluation where feasible.

Participation Projects: Dr. Watson was asked to lecture about the hazards of smoking in an independent school and a college but made the condition there must be participation. So in each case most interesting projects developed. First there was discussion with all heads of departments as well as student representatives. The students themselves undertook before-and-after evaluation, thus unobtrusively ensuring their education in more than health hazards. In the school, talks were given and inspired consideration of a total health and social education programme; all-important group discussions were led by monitors themselves; then followed by a request from senior students for a paper on social diseases in an urban society. In the college, the lecture sessions are programmed for 1972 and departmental heads have promised reinforcement in their own subjects from suggestions supplied. Support will be provided for students wishing to relinquish the smoking habit.

The evaluations are not sophisticated, but will provide another reminder of the health message so soon forgotten in the face of the daily pressures to

smoke, as well as an indication of the effectiveness of audience-participation on an unusual scale.

Drug misuse was often headlined during the year and public anxiety over this problem more than the few local incidents evoked inservice training, consultations with education department colleagues, and the production of guidelines to provide long-term primary prevention, ensure secondary prevention by identifying and supporting those at risk, and management of those already involved whether marginally or deeply. While there is no total health programme, rather than highlight this one problem, any requests for warning lectures to pupils are tactfully and usefully replaced by discussion with staff and parents.

Schools: Health visitors and medical officers continue their established programmes in special, primary and secondary schools, where their contribution and expertise are much appreciated. To secure community involvement, there have been thirteen parents' group-meetings (eleven in primary and two in secondary schools).

This year the working party, convened by the Director of Education, and with Dr. Willison and Dr. Watson representing our department, completed an excitingly comprehensive programme for health and social education in secondary schools. Medical officers and health visitors will be most valuable resource personnel for its implementation.

Group Meetings: During the year our rota of speakers attended 116 meetings with various organisations, with a total audience of 4,333. From a wide selection of topics offered, the most popular were The Later Years, Fight Cancer with Knowledge and The Facts of Life.

More and more frequently these meetings are not formal lectures but shared learning experiences where after some fact-giving, everyone discusses the problems arising. A wide variety of visual aids and leaflets are used and follow-up action taken where relevant.

Campaigns: Cigarette smoking is a non-stop health education concern which was highlighted by the second report of the Royal College of Physicians. Immediately a total plan was circulated to all health visitors and medical officers for guidance, considering the problem in primary (true prevention for non-smokers, especially the young), secondary (education for apparently healthy smokers), and tertiary (education for smokers with related disease) stages to include everybody in continuing action.

Special effort was made to ensure more effective education in cervical cytology.

During the year the section also co-operated in promoting the three national campaigns on family planning (March), measles (September) and anti-smoking (September to October). Publicity material was widely distributed.

Displays: Two small anti-smoking exhibitions, replicas of our health education centre original, were displayed in Sighthill Health Centre; Royal Commonwealth Pool; Firrhill, John Watson's and George Heriot's Schools; Telford and George Watson's Colleges; thus reaching large numbers of young people.

Display material on the subjects of accident prevention, foot care, dental hygiene, food hygiene and, of course, cigarette smoking, was again circulated around our child health centres.

A home and road safety poster was displayed in City transport during the festive season.

Health Education Centre: A new exhibition, "Fight Cancer with Knowledge", is now erected at the Centre. It incorporates a tape-slide sequence on smoking which visitors have judged so effective that we intend extending its use for other topics and also to suitable clinics. This has been made possible by the welcome addition of a technician to the Centre staff.

Most opportunely, as the Centre's services expand, adjoining rooms have become available. An additional exhibition room, reception area and office are planned. Centre users will appreciate the advantages of these improvements and forgive interim difficulties caused by alterations.

Evaluation: Cancer is the second most important cause of death and in women breast cancer is the most frequent site. In 1970 we had a most excellent staff meeting on cancer education, where breast self-examination (BSE) was particularly considered. Since controversy continues and no national professional decision is made, it was decided to ascertain the reactions of our own health visitors and doctors, eight months after the meeting, which over one hundred had attended. It was found that only 60 per cent were themselves regularly undertaking BSE, although 78 per cent did so after the lecture. That is, 18 per cent were but short-term converts. Yet 86 per cent believed that we should teach lay women to do so, while 91 per cent believed that BSE can improve prognosis by ensuring earlier self-referral to the family doctor. The majority of the 14 per cent against such education considered the advantages were outweighed by the risk of causing anxiety and too many unnecessary doctor consultations.

It is agreed that one-to-one teaching can be ideally suited to the individual and we have a wide variety of teaching aids available in our Centre. But it is stressed that *proper* education will cast out fear and regretted that our own opinions are not unanimous.

Inservice Training: The promotion of positive health, the prevention of ill-health and the improvement of chronic disease patterns is our work, for which further training is always required.

Staff members have many opportunities for attending courses and we are fortunate to have access to many valuable teaching sessions in city hospitals.

Our education is also continued in monthly staff meetings of great interest. One of the most successful was a multidisciplinary seminar on child battering at which colleagues from other departments and agencies were very welcome.

From autumn the pattern of meetings altered, some sessions being programmed separately for doctors and health visitors to ensure maximum subject-relevance and audience-participation.

SECTION VI

RESEARCH AND DEVELOPMENT

D

RESEARCH AND DEVELOPMENT

by C. F. Drysdale, Senior Medical Officer

The work of this section is essentially long-term in its effect. Nevertheless, it is fair to say that its activity has made its presence felt throughout the Health Department in the examination and evaluation of well-tried systems, in suggesting new ones or changing attitudes to work patterns.

Present Projects

Computer-assisted Immunisation Recording

The main project of 1971 has been the planning, systems analysis and development of a computer-assisted programme for recording information on the immunisation status of infants throughout the city. The development of this programme has been carried out in co-operation with the staff of the Computer Division of the City Chamberlain's Department. The programme has been designed to operate within general practice as well as at child health centres.

Briefly, the programme is designed to retrieve and record immunisation records automatically.

Following consent given by the parents to immunisation procedures, parents will receive a postcard notifying them that immunisation of their baby is now due and informing them of arrangements to have this done by the doctor of their choice, either the family doctor or at a child health centre. Records of immunisation procedures will be held by the computer and the child's general practitioner will receive an updated record of immunisation procedures given to the child. Strict confidentiality checks are built into the system.

Obviously a programme which will eventually cover the whole of the city and which will offer a service to all general practitioners who desire it as well as to child health centres, is a massive undertaking and will take time to develop completely. Discussions have taken place with the Edinburgh Local Medical Committee and enthusiasm and support for the project has been expressed. Considerable interest has been displayed by individual general practitioners who are interested in the programme.

It is hoped to have the scheme operational on a pilot basis centred around Springwell House Health Centre early in 1972. From operational experience gained, it is hoped to expand the service to cover all child health centres and general practitioners who wish to participate.

Evaluation of Present Recording Systems

The above evaluation has continued. All agree that streamlining of information handling and recording is required and this must be achieved as part of a total reappraisal of the recording system in the department.

Work Study

Preliminary discussions with the Work Study Unit of the Scottish Home and Health Department on a work-study project of medical officers employed by the Department have taken place. The work-study period will be in the first quarter of 1972. Co-operation on the planning and operation of the project is being worked out. The results will be valuable as guidelines for the future deployment of medical staff.

Future Development

Priority must be given to the way in which data on the health state of the city is recorded so that the information contained in the data can be readily available when required.

Information is required for epidemiological studies covering the whole of the city so that health needs can be identified and priorities pinpointed. Moving towards the possibility of drawing epidemiological "maps" for the city, an examination of the recording of the notification and registration of births and the registration of stillbirths and deaths with a possible change in the present practice is planned. A revision of these two basic systems will give fuller and more readily available information for the epidemiological studies described above—the foundation for the planning of future health services based on need and the deployment of resources.

Co-operation

A multidisciplinary approach to specific problems is the present "in" term. In our society with its complexities and sophistication, problems affecting health and disease cannot be solved by one discipline but by the pooling of varied expertise and experience in allied professions such as environmental health, social work and education. It is therefore necessary to plan with the concept of a multidisciplinary approach constantly in mind.

Co-operation on a broader spectrum is also very desirable as exemplified by a working partnership with the Faculty of Social Sciences and the Department of Social Medicine of the University of Edinburgh. The Health Department has been fortunate in having very cordial relationships with the University and it is hoped that the University and the Department will continue to work together in future projects. An example of this would be to develop now a study of the infrastructure of the population of the city. By the middle of the decade sweeping changes in local government and health services' administration will have taken place. The compilation of such an index covering health, social work, education and environment would be of value for future planning.

SECTION VII

CONTROL OF INFECTION

Infectious Diseases

Tuberculosis

Immunisation and Vaccination

Port Health Supervision

Venereal Diseases

Bacteriological Services

INFECTIOUS DISEASES

by A. Jamieson, Senior Medical Officer

There were 4,402 cases of infectious diseases including tuberculosis notified during 1971, an increase of 194 compared with the previous year.

The relationship between the staffs of the Central Microbiological Laboratories and of the infectious diseases section of the Health Department is one of complete understanding and there are frequent consultations between each.

On page 106 the notifications of infectious diseases are shown in age and sex groups.

During the autumn cholera spread westwards to Spain and Portugal and information was received from the health control units at London and Gatwick airports and from south coast ports concerning holidaymakers returning from infected areas in these countries.

In all, the names of 269 persons involving 178 households were received. Each individual was seen and those with symptoms or who were food handlers had faeces samples examined, in none of which the organism of cholera was isolated.

ENTERIC INFECTIONS

A. Typhoid Fever

Two cases were notified: (i) a male of 27 years who had just returned from Italy. Following treatment, excretion of Salmonella typhi persisted in the faeces and cholecystectomy was performed, since when repeated stool tests have not shown the presence of the organism. In this case the phage type was B.2. (ii) A lady of 35 years who had returned from Nigeria and had felt unwell before leaving that country. The Salmonella typhi isolated was found to be of phage type C.1.

Both these cases acquired their infection abroad.

B. Paratyphoid B. Fever

There were three cases notified: (i) a young man of 16 years, the phage type of the bacterium being Taunton; (ii) a woman of 81 years whose organism was also of phage type Taunton; (iii) a female of 18 years who had travelled from Pakistan, had felt unwell prior to leaving that country and was admitted to hospital eleven days after her arrival in the United Kingdom. A diagnosis was made of infection with Salmonella paratyphi B, later confirmed to be of phage type Taunton. In this case infection was considered to have originated abroad.

FOOD POISONING

No major outbreak occurred and the number of cases notified during the year was 144 being grouped as follows:

(a) Salmonellae—71 cases;

(b) Staphylococcus aureus—no cases reported;

(c) Clostridium welchii—2 cases;

(d) Others—organisms not isolated—70 cases;

(e) Chemical food poisoning—1 case.
The individual concerned developed symptoms after eating tinned fruit found to have a high content of iron sulphide.

Salmonellae

Of the 71 cases the most frequently occurring were:

(a) S. typhimurium—42 cases;

(b) S. muenchen—8 cases.

The head chef in an Edinburgh restaurant consulted his general practitioner giving a history of diarrhoea and abdominal pain. A faecal specimen was examined and Salmonella group C was isolated, later identified as Salmonella muenchen.

Epidemiological investigations at the restaurant revealed that an assistant chef also gave a history of diarrhoea but had not requested medical advice. A waitress complained of nausea and of being off colour but stated that she had no diarrhoea.

Stool specimens were sent for bacteriological examination from these two persons and also from 35 others working in the kitchen, the restaurant, the buffet, the bar and in the administrative office.

Six persons including the assistant chef and the waitress were reported to be excreting Salmonella muenchen. The remaining four excretors who gave no history of symptoms were the manager, the assistant manager, a trainee chef and a waitress. Simultaneously the wife of the head chef was also reported to be excreting the organism. She was a food handler working in another establishment.

With the exception of the manager and his assistant who were restricted to administrative duties only, all those excreting S. muenchen were suspended from work.

Swabbing of equipment and of selected samples of food failed to reveal the presence of the organism. Drain swabbing was also carried out, again with negative results.

In the kitchen the hygiene was fairly satisfactory but the accommodation was inadequate.

Two additional findings were:

(1) A barman, who was symptomless, was found to be excreting Salmonella sarajane. He was excluded from duty.

(2) The sister of the trainee chef was shown to be excreting Shigella flexneri type 3a.

DYSENTERY

There were 793 cases (372 males, 421 females) compared with 449 in 1970, 1,425 in 1969, 493 in 1968 and 1,038 in 1967. Of these 793 cases 316 (40 per cent) were in the 1–4 years group and 233 (30 per cent) in the 5–14 years group.

These 793 notifications included:

(a) 532 due to Shigella sonnei;

(b) 257 due to Shigella flexneri (186 of type 3a, 48 of type 3, 3 of type x, 1 of type y, 19 untyped);

(c) 3 of clinical dysentery;

(d) 1 due to entamoeba histolytica.

MEASLES

There were 2,322 cases notified of whom 1,527 (66 per cent) were in the 1–4 years age group, 628 (27 per cent) were in the 5–14 years group and 152 (6·5 per cent) were in the first year of life. Of these 2,322 cases, 1,979 (85

per cent) occurred in the first seven months of the year. This was the continuation of an outbreak which had commenced in May 1970 (139 cases), the highest number notified being 450 in January 1971, the numbers gradually decreasing to 170 in July 1971, 80 in August and 41 in September.

INFECTIVE JAUNDICE

The number of cases notified was 274 (142 males, 132 females) of whom 103 (37·6 per cent) were in the 5–14 years age group and 80 (29 per cent) were in the 15–24 group.

In 1970 and 1969 the numbers recorded were 577 and 417 respectively.

Information is passed to the blood transfusion service concerning patients who are blood donors, who have recently been contacts of donors or who have had transfusions in the recent past.

WHOOPING COUGH

The total number recorded was 252 compared with 378, 69 and 87 in 1970, 1969 and 1968 respectively.

PNEUMONIA

Acute Primary Pneumonia.—Eighty cases were notified (41 males, 39 females) of whom 26 (32·5 per cent) were in the 65 years or over age group. In the previous year 86 cases were recorded.

Acute Influenzal Pneumonia.—There was a total of 17 cases (3 males and 14 females) notified, of whom 8 were in the 65 years or over age group and 13 occurred in December.

RUBELLA

This became notifiable in Edinburgh as from 1st September 1970 by a resolution of the Corporation, approved by the Secretary of State, in terms of Section 7 of the Infectious Diseases (Notification) Act of 1889.

From 1st September 1970 until 31st December 1970, 37 cases were brought to the notice of the Health Department. In 1971 there were 209 cases notified (96 males, 113 females) of whom 94 (37 males, 57 females) representing 45 per cent were in the 5–14 years age group and 87 (49 males, 38 females)—41·6 per cent—were of 1–4 years.

SKIN TREATMENT AND CLEANSING CENTRE, SOUTH GRAY'S CLOSE

This clinic is centrally situated and is staffed by two nurses. Patients are referred for treatment from the Skin Department of the Royal Infirmary, the Assessment Centre and the Royal Society for the Prevention of Cruelty to Children, and by general practitioners, school doctors, health visitors and social workers.

The following conditions receive treatment: scabies, pediculosis, capitis and pubis, impetigo and minor bruises and cuts.

There were 430 patients treated for scabies (80 under 5 years of age, 200 in the 5–15 years group and 150 over 15).

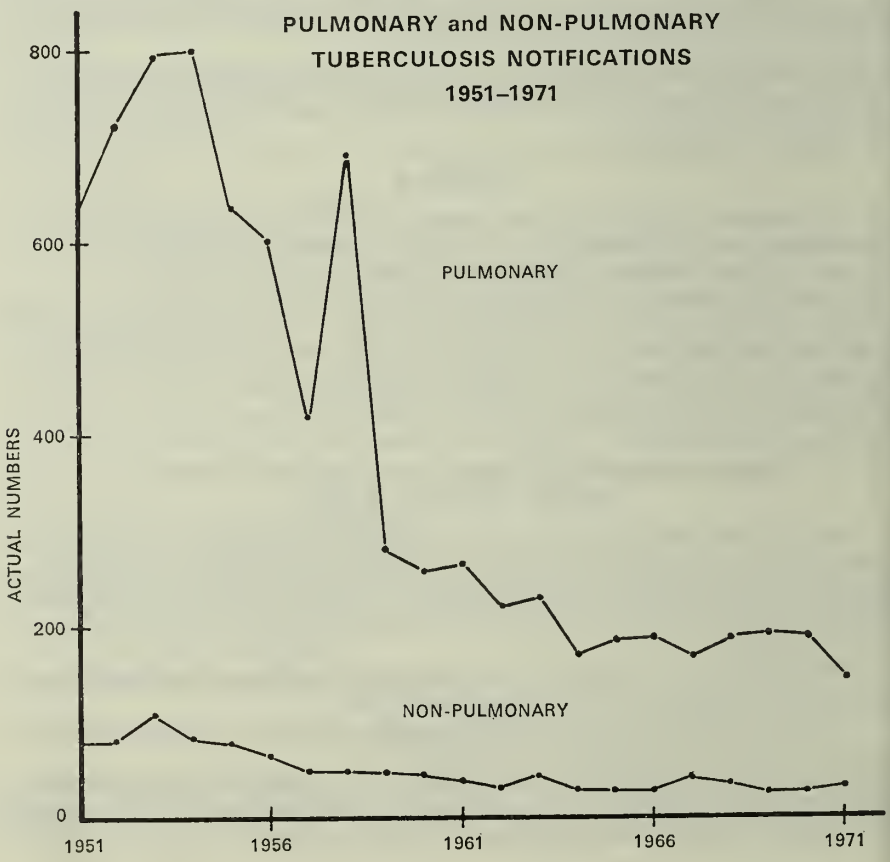
Treatment for pediculosis was given to 171 persons and 34 received treatment for impetigo. Baths were given to 249 people and 50 received attention for minor conditions such as bruises and cuts.

TUBERCULOSIS

Following the drop in the incidence of tuberculosis in Edinburgh to 206 in 1964, the figures have varied only slightly (221 in 1965, 224 in 1966, 213 in 1967, 229 in 1968, 222 in 1969 and 220 in 1970). In 1971, however, 185 cases were notified (150 pulmonary, 35 non-pulmonary), this being the lowest number so far recorded and although gratifying, efforts to eradicate this disease must persist.

The number of 13-year-old children attending local authority and private schools who were found to be naturally positive to the Heaf tuberculin skin test was 390, representing 6·6 per cent of this age group. The corresponding percentages were 8·0 in 1967, 6·7 in 1968, 5·6 in 1969 and 6·7 in 1970, and although the rate has varied only slightly in the last four years there has been an overall downward trend, 30·5 for example being the corresponding figure for 1954. These rates may be regarded as an indication of the level of tuberculosis in the city, the present percentage reflecting the continued efficiency in the control of the disease.

The weekly review of cases and the quarterly meeting of medical staff to discuss tuberculosis cases and problems continue to be held at the Royal Victoria Dispensary. As in the past there has been a close liaison between the chest physicians, the radiologist and his staff, the bacteriologist, the health department medical officers, the specialist health visitors, the general practitioners, the social workers and clerical staff.



Respiratory Tuberculosis

During 1971 there were 150 cases of respiratory tuberculosis brought to the notice of the Medical Officer of Health (102 males, 48 females), a decrease of 40 from the preceding year and 21 less than in 1967 when the previous lowest number of cases (171) was recorded.

The highest figures in males were in the 55–64 years age group (25=24·5 per cent) and in the 45–54 group (23=22·5 per cent).

Of the 48 females notified the highest numbers were in the 35–44 years age group (10 representing 21 per cent) and in the 55–64 age group (9 representing 19 per cent).

It is noteworthy that of the 150 cases of respiratory tuberculosis, twelve were resident in common lodging houses when the diagnosis was made. Regular visits are paid to these establishments by mass miniature radiography units and every endeavour is made by the staffs of the units, the health visitors and doctors to encourage the inmates to have regular chest X-rays. Co-operation is also received from the lodging-house authorities.

During the year there were four deaths due to respiratory tuberculosis (three males of 60, 67 and 79 years respectively, and one female of 84 years). There were, in addition, three deaths due to the late effects of respiratory tuberculosis (two males of 63 and 65 years respectively, and a female of 46 years of age).

The number of names on the respiratory tuberculosis register at 31st December 1971 was 2,133 (1,213 males, 920 females), which is a decrease of 347 from the number on the corresponding date in 1970 (2,480: 1,394 males, 1,086 females). Over the past few years these figures have continued to decrease which is a satisfactory feature.

Non-Respiratory Tuberculosis

There were 35 notifications (13 males, 22 females) compared with 30 in 1970.

Involvement of lymphatic glands accounted for 17 cases (4 males, 13 females), representing 48·6 per cent of the total. The next most frequent site was the genito-urinary organs involving 10 cases (28·6 per cent): 8 males, 2 females.

There were five deaths due to non-respiratory tuberculosis: a male of 43 years (intestinal), a male of 78 years (miliary), a female of 20 months (meningitis), a female of 73 years (meningitis) and a female of 89 years (intestinal). One case, a male of 43 years of age, died of the late effects of non-respiratory tuberculosis.

On 31st December 1971 there were 429 names on the non-respiratory tuberculosis register (165 males, 264 females), whereas there were 480 names one year previously.

IMMUNISATION AND VACCINATION

The immunisation of infants and children has continued according to the recommendations made by the Scottish Home and Health Department in October 1968. There is, however, one alteration. Following a communication of July 1971, from the Scottish Home and Health Department, vaccination

against smallpox is not now carried out as a routine procedure in early childhood except when the child is travelling to or from areas where smallpox is endemic or where eradication programmes are in progress.

IMMUNISATION AGAINST INFLUENZA

As in previous years influenza vaccine was offered to nurses and doctors on the staff, a considerable number of whom attended for the necessary injections.

VACCINATION AGAINST YELLOW FEVER

The Health Department continues as the centre in the south-east of Scotland for immunisation against yellow fever. The number who received the vaccine was 2,040 compared with 2,112 in 1970, 1,669 in 1969, 1,757 in 1968 and 1,666 in 1967.

The number of persons who attended for immunisation against plague and typhus fever was 2 and 19 respectively.

Routine vaccination procedures, for example against smallpox and cholera, are carried out by the general practitioners. Many enquiries by doctors and the general public are answered by the infectious diseases section regarding vaccinations required by or recommended for those travelling to various parts of the world.

TETANUS AND OTHER VACCINES

Certain "AT RISK" Groups

Certain groups in the city were immunised against tetanus, e.g. all the students at a physical education college. At present all these students are women and those found to have no rubella antibodies were immunised against rubella. Medical, dental, agricultural and veterinary students were offered tetanus vaccine and many accepted. In one large group of hospitals the nurses were given tetanus vaccine and in addition TAB, booster diphtheria, poliomyelitis and smallpox vaccines, those with a negative tuberculin test were given B.C.G. and those (approximately 20 per cent) without rubella antibodies were immunised against this disease.

The workers attached to the main drainage section of the City Engineer's Department were offered tetanus and TAB vaccines and most gladly accepted these prophylactic measures.

Certain employees of a large chemical firm were immunised against tetanus and anthrax.

RUBELLA VACCINE

Schoolgirls aged 13 years found on blood test to have no rubella antibodies were immunised against this disease. It is hoped to produce a report on reactions following this vaccine but it appears that most had no reaction, a

number had mild reactions (transient rashes, fever and lymphadenopathy) and a very few had severe reactions (joint pains), and were off school for up to two weeks.

PORT HEALTH SUPERVISION

Medical duties at the Port of Leith were undertaken as in previous years in co-operation with the port sanitary inspectors and the immigration and customs officers. Medical inspection of immigrants in accordance with the Aliens Orders was carried out weekly from May until September and less frequently during the rest of the year. Most of the immigrants came from Iceland or Scandinavia by the *Gullfoss* which plies between Leith, Reykjavik and Copenhagen.

The Public Health (Ships) (Scotland) Regulations 1971 and the Public Health (Aircraft) (Scotland) Regulations 1971 came into operation on 1st February 1971. Diseases now subject to International Health Regulations are cholera, including cholera due to the El Tor vibrio, plague, smallpox, including variola minor (alastrim), and yellow fever.

Ships from infected ports caused no trouble during the year as each had a "clear" Maritime Declaration of Health signed by the master and most arrived at Leith outwith the incubation periods of the relevant diseases. International certificates of vaccination of crew members were inspected and when found to be outdated, arrangements were made for re-vaccination.

Because of the occurrence of cholera in Spain, three visits were made to Turnhouse Airport on the arrival of direct flights from that country. Two other visits were required to the airport.

From the World Health Organisation Weekly Epidemiological Records, lists are compiled of infected ports and are distributed to the port sanitary inspectors, the port and airport authorities, the immigration and customs departments, and to the Forth pilotage authority.

The number of ports and airports regarded as infected with smallpox has continued to decline. Since 4th June 1971 there have been no such infected ports or airports in South America. In Africa only airports have been considered infected, these being in the Sudan. In Asia there has been a decreasing number of ports and airports formally given as infected and at the end of 1971 the names of three airports only remained on the list.

VENEREAL DISEASES

by D. H. Robertson, Consultant Venereologist, Edinburgh Royal Infirmary

In Edinburgh there has been a very substantial increase in venereal disease (Table I).

The total of all cases attending the clinics has increased from 4,058 in 1970 to 5,110 in 1971, an increase of 25·9 per cent.

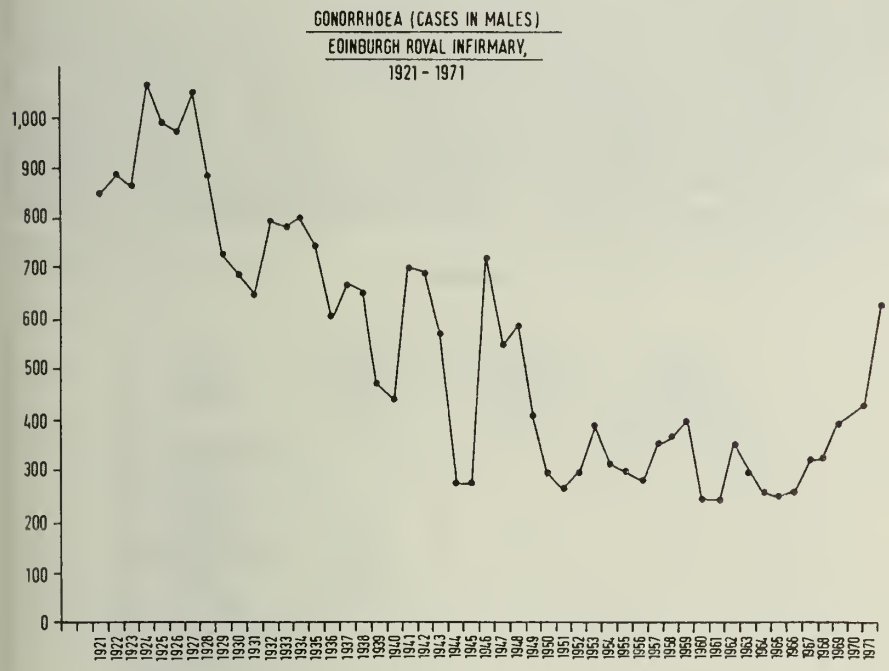
The total of cases of gonorrhoea in males has increased from 426 in 1970 to 624 in 1971, an increase of 46·5 per cent.

The total of cases of gonorrhoea in females has increased from 282 in 1970 to 411 in 1971, an increase of 45·7 per cent.

TABLE I

YEAR	1969						1970						1971					
DIAGNOSIS	Gonorrhoea	Syphilis: Early (acquired)	Syphilis: Other forms	Non-specific, *T. vaginalis* and other infections	Non-venereal	Total	Gonorrhoea	Syphilis: Early (acquired)	Syphilis: Other forms	Non-specific, *T. vaginalis* and other infections	Non-venereal	Total	Gonorrhoea	Syphilis: Early (acquired)	Syphilis: Other forms	Non-specific, *T. vaginalis* and other infections	Non-venereal	Total
MALES:																		
Royal Infirmary	406	8	23	880	487	1,804	426	14	12	1,040	573	2,065	624	17	13	1,613	650	2,917
Leith Dispensary ..	53	0	0	83	52	188	—	—	—	—	—	—	—	—	—	—	—	—
Totals	459	8	23	963	539	1,992	426	14	12	1,040	573	2,065	624	17	13	1,613	650	2,917
FEMALES:																		
Royal Infirmary	252	5	16	637	327	1,237	274	7	6	748	323	1,358	407	4	9	1,107	432	1,959
Bruntsfield Hospital ..	2	0	1	51	4	58	1	—	—	37	3	41	—	—	—	—	—	—
Antenatal Clinics:																		
S.M.M.P.	6	0	0	298	25	329	3	—	1	265	29	298	3	—	—	117	5	125
E.I.M.H.	5	4	0	347	59	415	4	—	—	258	34	296	1	—	—	95	13	109
Totals	265	9	17	1,333	415	2,039	282	7	7	1,308	389	1,993	411	4	9	1,319	450	2,193
Totals (Males and Females)	724	17	40	2,296	954	4,031	708	21	19	2,348	962	4,058	1,035	21	22	2,932	1,100	5,110

The total cases of gonorrhoea in males attending the department from 1921–71 is shown in the Figure.



Referrals

Patients are seen without appointment usually as out-patients. This arrangement is aimed at making the department as accessible as possible, as it is common for patients to have special difficulties in making and keeping appointments, particularly as re-attendances over a prolonged period are generally necessary.

Female patients attending on their own account comprised 45 per cent of the total, and 26 per cent were advised to attend by the contact tracing system (Table II). In the case of males, 70 per cent attended on their own account, 27 per cent attended as a result of referral by their own doctor and 3 per cent as a result of contact tracing.

TABLE II

Method of referral (females)	Patients attending for the first time %		
	1969	1970	1971
Attended on own account	35·2	22·7	45·0
Advised by contact tracing	33·5	44·3	26·0
Referral by patient's own doctor	23·7	28·2	26·0
Unmarried Mothers' Home	1·5	—	0·1
Assessment Centre	3·4	2·7	1·3
School A	2·2	1·6	1·0
School C	0·4	0·8	0·6
H.M. Prison	0·1	—	—

Contact Tracing

Although men may occasionally have asymptomatic gonorrhoea the majority tend to develop an obvious urethral discharge which brings them to seek medical help. In the female the infection is frequently inapparent or asymptomatic, so it is essential to ensure that she is investigated and treated.

Contact tracing was carried out by one health visitor until October 1971, when another was welcomed from the staff of the City Health Department. This work has been very carefully carried out and the data from the six-month period (April–September) are presented here. Its importance is self-evident.

The male case/primary female contact (probable source of infection) ratio (see Tables III and IV) might be a useful index of promiscuity if it was known

TABLE III

Gonorrhoea Total Cases in Males April–September	Total Contacts Acknowledged by Male Patients	Total *Unknown* Contacts Acknowledged by Male Patients	Place of Sexual Intercourse
347	429	214 (50% of total contacts)	*Edinburgh* 96 (45%) *Outside Edinburgh* 93 (44%) *Abroad* 25 (11%)

how much information was withheld by the patient being interviewed. In terms of how much information could be elicited from male patients during the interview by the health visitor, as contact tracer, on a year-to-year basis it may be an index of her success. In 1969 this ratio was 1:1·03; in 1970 it was 1:1·06; and in 1971, during the sample period of April–September, it was 1:1·62, a creditable improvement for the health visitor although it might mean also that there has been a substantial increase in the degree of promiscuity in Edinburgh among those involved. The future trend will be of epidemiological interest.

TABLE IV

Gonorrhoea Total Cases in Males April–September	Total Contacts Acknowledged by Male Patients	Total *Known* Contacts Acknowledged by Male Patients	Place of Sexual Intercourse
347	429	215 (50% of total contacts)	*Edinburgh* 146 (68%) *Outside Edinburgh* 65 (30%) *Abroad* 4 (2%)

Table III shows that of those who admitted intercourse with a casual unidentifiable person, in 55 per cent of cases it took place overseas or outside the City. Among those who had intercourse with consorts known to them (Table IV) in 68 per cent of cases the contact occurred within the City. This data is consistent with the belief that the promiscuous and casual tend to be rootless people whose characteristic mobility is increased by modern transport.

Of 215 known contacts 156 attended clinics in this locality. To this must be added 20 who were known to have attended clinics in other places and 1 who attended her own general practitioner. Of the total of all 429 contacts acknowledged, 177 (41 per cent) were seen for certain. Of the 215 known contacts, 177 (82·5 per cent) attended.

The difficulties are analysed in Table V where it can be seen that only 8 individuals refused to attend. To coerce them might discourage them from coming again in the future. It is to be hoped that they may eventually attend.

TABLE V

Known Contacts: Gonorrhoea	No. of Cases	No. of Individuals
Advised to attend clinic elsewhere *Not* known if they attended	14	14
Advised to attend clinic overseas *Not* known if they attended	3	3
Advised to attend other clinic *Known* to have attended clinic	20	20
Advised to attend R.I.E. *Failed* to persuade contact to attend	8	7
Advised to attend R.I.E. *Denied* allegation	3	1
Advised to attend R.I.E. *Moved* to unknown address	9	9
Advised to attend R.I.E. *Treated* by own general practitioner	1	1
Known by patient *Patient* refused to advise her or divulge her name ..	1	1
Known by patient *Attended* R.I.E.	156	—
TOTAL KNOWN CONTACTS ..	215	—

Their education and upbringing has failed to persuade them that they have little to fear although rejection of help offered is not uncommon in other fields of medicine.

Wives, fiancees and regular friends who have become involved are termed secondary contacts. In the six-month period under review 39 wives and 11 others were at risk and all attended the Royal Infirmary for investigation.

Contraception

In a survey of 281 unmarried females attending the clinic for the first time in the first six months of 1971 the following data was obtained:

Patients used no contraceptive techniques whatsoever (1968, 81%; 1969, 58%; 1970, 53%)	59%
Patients used the oral contraceptive pill (1968, 9%; 1969, 19%; 1970, 29%)	26%
Patients left the matter to their partner (1969, 14%; 1970, 11%)	9%
Coitus interruptus practised (1969, 8%; 1970, 3%)	4%
Mechanical devices used (e.g. diaphragm) (1970, 2%)	1%
Chemical spermicidal agents (1969, 2%; 1970, 2%)	1%

Homosexuality in Males

Venereal disease is a serious hazard to male homosexuals and every endeavour must be made to ensure their attendance. It should be understood that their reservoir effect is not restricted as a hazard to a deviant group, but because some patients have sexual relationships with both sexes venereal disease is spread more widely. Of 25 homosexual individuals with gonorrhoea 11 had ano-rectal infections and 18 had penile. One had four attacks of penile gonorrhoea and another two attacks. As ano-rectal gonorrhoea is frequently asymptomatic reticence on the part of the patient may mislead the doctors in cases where the disease manifests itself as a urethral infection.

Early syphilis, homosexually acquired, was found in 6 patients.

Those who wish to assist homosexuals in their problem of loneliness and isolation would do well to recognise the danger of undetected venereal disease in the common problem of promiscuity. In young boys where homosexual behaviour may exist for a time but not persist, every endeavour must be made to make them realise the dangers of venereal disease and to coax them unharmed through adolescence.

Closure of Clinics

During the early part of the year there was considerable difficulty in attending to the great increase in volume of work at the clinic. It became necessary to shed some of the work which was previously carried out in clinics elsewhere. After 14th June the Monday clinic at the Victoria Hospital, Kirkcaldy, was given up and also the afternoon clinic at the Bruntsfield Hospital. It became necessary also to ask the obstetricians to look after patients attending ante-natal clinics with vaginal discharges occurring during pregnancy. These patients were previously seen by the staff of this department in the out-patient department of the Simpson Memorial Maternity Pavilion and the Elsie Inglis Maternity Hospital. For many years this ante-natal work has been valued by the staff of this department as a contribution to ante-natal care, and it was with the greatest reluctance that this work was given up. Patients, however, could be referred from the ante-natal clinics to this department should the need arise. The primitive feelings that attendance at the clinic is stigmatising are gradually becoming exorcised. Everything must be done to make it easy for patients with genital infections to attend. It is at the clinic, after all, that the necessary on-the-spot diagnostic facilities exist.

Laboratory Services

Since the Department of Bacteriology has accepted responsibility for the provision of on-the-spot diagnosis in the department, facilities have become greatly improved. At present the immediate microscopical diagnostic work in

connection with the diagnosis or exclusion of gonococcal infections in females is carried out by experienced medical laboratory technicians seconded from the main laboratory. This service has enormously improved the out-patient work in the female department. The policy has placed Edinburgh well in advance of clinics elsewhere in Great Britain and this extension of laboratory services should be adopted widely.

Research

The research project, supported by the Scottish Home and Health Department, was completed in October. The main aspects of this work were brought together by Mr D. Hosie for his thesis "Immunological and Epidemiological Studies on Trichomoniasis", accepted for the degree of M.Sc. by the University of Edinburgh.

A bacteriologist from the Department of Bacteriology is presently engaged in the study of immunofluorescence techniques in the diagnosis of gonorrhoea, particularly in females. This was made possible by collaboration of the University Department of Bacteriology and by the provision of a research microscope by the hospital. The fluorescence capabilities of the microscope are also very useful for the Fluorescent Treponemal Antibody Test (ABS), a specific test for syphilis. Other aspects of research include the analysis of record and other epidemiological studies including contact tracing.

BACTERIOLOGICAL SERVICES

by J. C. Gould, Director, Central Microbiological Laboratories, Western General Hospital, Edinburgh

Public Health Bacteriology.—Increasing efforts are being made to examine food being made available for human consumption to ensure that it is bacteriologically safe. Increased numbers of specimens of different types of foodstuff as available at retailers are being submitted by local authority officers and examined fully for bacterial contamination including specific pathogens such as Salmonella.

Perhaps more attention should be paid to materials such as shell fish which can be obtained on the foreshore, in view of the possible bacteriological contamination from sewage.

General Practitioner Service.—The larger part of general practitioners in the city send their specimens to the Central Laboratories. During the last year a significant attempt has been made to improve the laboratory van collection service, and a number of group practices are now direct uplifting points for laboratory specimens. Improvements of this nature are designed to encourage general practitioners to submit specimens for examination from patients suspect of infection. Whilst a fairly large number of specimens are received, i.e. approximately 30,000, this cannot be considered large in relation to the amount of infection in the community, and every encouragement must be given to the practitioners to submit specimens.

Throughout the year no particular infectious agents were predominant. Upper respiratory tract infection continues to be common, but is due to a wide variety of agents ranging from miscellaneous viruses to haemolytic streptococci. More interest is being paid to chronic tonsillitis and pharyngitis, much of which does not respond rapidly to antibiotic therapy, and it is probable that Haemophilus species, including H. parainfluenza, is a commonly associated organism. Diarrhoeal diseases are undoubtedly common but the

recovery rate of specific pathogens remains extremely low, probably less than 10 per cent of specimens submitted. Shigella sonnei continues to be the most frequently isolated specific pathogen, but a few isolates of Shigella flexneri are made, although this organism is more common in the west of Scotland. Routine examination for type-specific coli is only carried out in children and in older persons when they are in groups, but it is unlikely that the incidence of known types is very much higher than the present figures indicate. It is probable that much of the diarrhoeal disease is toxic in origin from bacterial contamination of foodstuffs that are consumed.

Details of the specimens examined at the Central Microbiological Laboratories during the year are as follows:

Examination of water (including swimming bath water)	475
Examination of milk..	616
Examination of food (including miscellaneous)	287

Number of specimens examined for general practitioners:

Enteric specimens	6,400
Serological specimens	1,000
General specimens (throat swabs, exudates, urines, etc.)	22,000

SECTION VIII

VETERINARY SERVICES

Milk and Dairies

Inspection of Meat

Inspection of Other Foods

Port Inspection Duties

Diseases of Animals Act

REPORT ON VETERINARY SERVICES

by J. Norval, Chief Veterinary Inspector

MILK AND DAIRIES

Milk and Dairies (Scotland) Act, 1914.—At December 1971, there were four registered dairy herds within the City boundary and 27 visits were made to these premises to supervise the methods of clean-milk production. Two of the herds were licensed to produce "Premium" milk and of 15 samples taken only 2 failed to comply with the approved bacteriological standard. The two other herds were licensed to produce "Standard" milk and 12 samples were taken of which 1 failed the prescribed test. The samples were also subjected to a milk-ring test for *Brucella Abortus* infection and all proved negative.

INSPECTION OF MEAT

The Food (Meat Inspection) (Scotland) Regulations, 1961

The Food (Preparation and Distribution of Meat) (Scotland) Regulations, 1963

Table I shows the comparison between number of animals killed in the years 1970 and 1971:

TABLE I

	1970	*1971*
Oxen	30,995	28,809
Bulls	173	109
Heifers	4,911	5,203
Cows	2,440	2,259
	38,519	36,380
Calves	1,594	1,343
Sheep	230,272	223,282
Swine	31,468	30,235
	301,853	291,240

Those figures indicate that there has been a slight reduction in the number of animals slaughtered compared with the previous year.

There were 109 consignments of lamb totalling 29,689 carcases exported to Belgium. However, the Belgian authorities decided in early December that only carcases from animals killed in abattoirs approved by the Ministry of Agriculture as being of E.E.C. standard could be imported into their country. As the Corporation abattoir has not, as yet, been modernised, no further exports can take place.

Carcases and Offal Condemned in the Abattoir.—Carcases partially or wholly condemned in the City abattoir weighed 66·90 tons. To this there falls to be added 52·88 tons (weight estimated) of condemned offal, making a total of 119·78 tons.

Meat Inspection Statistics.—The most striking feature of the statistics compiled from seizures of carcase meat and shown in Table II is the marked reduction in the number of sheep carcases condemned for emaciation—from 336 in 1970 down to 170 in 1971. This is a reflection on the very mild weather experienced in Scotland in the autumn and early winter which resulted in a plentiful supply of grass on the upland pastures.

With regard to beef, it is again interesting to note that whilst a few old standing tubercular-like lesions were found in the offal of 16 cattle (Head glands 2, Lungs 7, and Mesenteric glands 7), no seizure of carcase meat was necessary. Even the number of tubercular-like lesions found in the sub-maxillary glands of pigs which we usually associate with avian-type tubercle bacillus dropped from 113 in 1970 to 60 in 1971.

The marked decline in liver fluke infestation of bovine livers continues—22 per cent in 1968, 7·15 per cent in 1970 to 4·4 per cent in 1971.

To offset all these improvements in disease incidence it is rather disturbing to find that it was necessary to seize over fifteen tons of pig meat as a result of pyogenic infection. Feet infection in sows, and tail wounds in young pigs leading to pyaemia with abscesses developing in the vertebrae and lungs must be a major cause of loss to the pig industry.

TABLE II

CATTLE (36,380)				
Weight Abnormality	No. of Cases	Total	Partial	Weight in lbs.
Emeciation/Oedema ..	26	22	4	7,927
Bruising	69	2	67	3,701
Tumour	12	11	1	5,354
Hepatic Abscess ..	26	1	25	1,236
Peritonitis	19	1	18	1,206
Actinobacillosis ..	19	—	19	190
Abscess	28	10	18	4,389
Nephritis	11	5	6	2,042
Septic Metritis ..	13	5	8	2,654
Pneumonia	30	7	23	3,417
Mastitis	13	3	10	1,588
Toxeemia/Septicaemia	8	8	—	3,875
Arthritis	38	2	36	1,782
Fracture	17	—	17	849
Tetenus	1	1	—	334
Pericarditis	2	2	—	1,002

PIGS (30,235)				
Weight Abnormality	No. of Cases	Total	Partial	Weight in lbs.
Abscess	829	177	652	34,149
Peritonitis	159	26	133	3,426
Pneumonia/Pleurisy	203	65	138	7,220
Arthritis	472	17	455	6,327
Septic Metritis ..	10	7	3	1,580
Bruising	155	3	152	2,763
Emeciation/Oedema	42	39	3	3,411
Fever	22	22	—	2,740
Enteritis	13	12	1	1,497
Nephritis	10	6	4	881
Fracture	51	—	51	1,232
Erysipelas	7	2	5	234
Tumour	5	3	2	431
Tuberculosis ..	2	1	1	110
Hernia	98	—	98	1,078
Hermaphrodite ..	10	—	10	74
Pericarditis	3	3	—	473
Machine Damage ..	89	—	89	463
Jaundice	7	7	—	605

SHEEP (223,282)				
Weight Abnormality	No. of Cases	Total	Partial	Weight in lbs.
Emacietion/Oedeme	174	165	9	5,076
Septic Pneumonia Pleurisy	396	65	331	10,284
Arthritis	1,039	15	1,024	5,379
Pyeemie	24	24	—	1,455
Septic Metritis ..	55	25	30	2,057
Fever	42	42	—	2,057
Peritonitis	109	16	93	1.505
Tumour	44	30	14	2,057
Mastitis	134	13	121	1,712
Bruising	126	16	110	1,825
Jeundice	7	7	—	311
Hernia	80	—	80	351
Adenomatosis ..	13	—	13	193
Nephritis	6	3	3	193
Fracture	40	—	40	299
Blood Splashing ..	2	—	2	14
Abscess/Septic ..	337	—	337	2,875
Ureemia	11	11	—	494

TABLE III

Incidence in Cattle

Year	Tuberculosis (%)	Actinobacillosis (%)	Cysticercus Bovis (%)	Liver Abscess (%)	Liver Cirrhosis (Fluke) (%)
1955	6·22	0·82	0·82	2·42	13·1
1961	0·38	0·78	0·446	3·257	21·81
1967	0·111	0·358	0·311	2·755	22·270
1970	0·028	0·355	0·314	3·263	7·157
1971	0·043	0·327	0·225	3·724	4·428

TABLE IV

Incidence in Tumours

	CATTLE		SHEEP		PIGS	
Year	Number affected	Incidence (%)	Number affected	Incidence (%)	Number affected	Incidence (%)
1963	32	0·059	87	0·031	6	0·014
1966	17	0·039	98	0·036	8	0·020
1967	16	0·036	66	0·024	7	0·020
1970	13	0·033	44	0·019	8	0·025
1971	15	0·041	46	0·020	5	0·016

TABLE V

Number of main organs condemned in the different classes of animals at the abattoir during 1971 (excluding organs of animals totally condemned)

LUNGS

1971	Tuberculosis	Fluke Cysts	Pneumonia and Congestion	Other Causes
Cattle ..	7	52	470	113
Sheep ..	—	—	857	85
Swine ..	1	—	1,237	165

LIVERS

1971	Tuberculosis	Fluke	Abscesses	Cirrhosis	Other Causes
Cattle ..	—	1,611	1,355	2	160
Sheep ..	—	6,136	71	—	337
Swine ..	1	—	12	1,536	154

HEADS

1971	Tuberculosis	Actino	Abscesses	Cysticercus Bovis	Other Causes
Cattle ..	2	107	53	82	20
Sheep ..	—	—	10	—	—
Swine ..	60	—	88	—	7

Laboratory Report

Specimens from suspect carcases, particularly those from casualty animals, were plated out on culture media to determine the presence of pathogenic bacteria. In particular, the presence of salmonellae was looked for in samples of bile, and staphylococci from blood, and pyogenic lesions where there was any suggestion of a pyaemia or septicaemia. Full use was made of the microscopic examination of slides prepared from the large number of pathological specimens found on routine inspection to find out the exact cause of the lesions. Animals found dead in the lairages or carcases which showed evidence of fever, enlarged spleen, acute enteritis were all examined for anthrax. All were found to be negative.

INSPECTION OF OTHER FOODS

Section 9 of the Food and Drugs (Scotland) Act, 1956, and the Food Hygiene (Scotland) Regulations, 1959

The routine inspection of foodstuffs in shops under Section 9 of the Food and Drugs (Scotland) Act, 1956, is combined with the duties under the Food

Hygiene Regulations, particular attention being paid to butchers' and fishmongers' shops by the meat inspection staff. The following table indicates the number of visits paid to shops, etc., during 1971:

Butchers' Shops	1,075
Fishmongers' Shops	387
Fish Markets	298
Wholesale Grocers	1,389
Fruit Markets/Shops	306
Meat Sales and Cold Stores	645
Restaurants	51
Cooking Centres/Canteens/Hospitals	301
Bakeries/Bakers' Shops	20
Householders	103
Manufacturing Premises	50
Egg Importers' Premises	54
Miscellaneous	59
	4,738

There has been considerable publicity given in the press and television this year to the question of coding of perishable foodstuffs and at present the whole subject is being investigated by the Food Standards Committee. Such an enquiry is very welcome as the purchase of stale goods gives rise to a great deal of justifiable annoyance on the part of the customer. It is to be hoped that the findings of the Committee will, in some way, assist in cutting down the number of mould complaints in wrapped foodstuffs which continues to be the main source of all food complaints brought to the notice of the department. Ideally, all perishable foods should be stamped with an expiry date which indicates a safe shelf life, as in the case of vacuum-packed bacon. A practice now recommended to managers of local shops and supermarkets is to set aside a specific time on certain days of the week to check codes. This procedure would be greatly assisted if the manufacturers' codes were easily decipherable by all shop personnel.

In the early summer months several complaints were received regarding the rancidity in packs of butter. Initially it was suspected that the butter may have been rancid on arrival at the wholesale premises but this was discounted when samples were taken over a period from 21 consignments of freshly imported material (8 Dutch, 2 Danish, 4 New Zealand, 2 Finnish, 3 Swedish and 2 Irish), and submitted to the City Analyst. The reports indicated that the butter was, in all cases, in very good condition. A factor which may have had some bearing on these complaints is the fact that many wholesalers do not have extensive chilling accommodation and thus it is very important that the turnover should be rapid. It is equally important that packs of butter should be coded and when on display in refrigerated cabinets they should be packed in foil and kept below the "load" line. No further complaints were received after midsummer.

The work involved in examining and certification of faulty canned foodstuffs shows no signs of abating. The main cause of seizure is associated with actual damage to the cans after leaving the factory. More difficult problems arise, however, when complaints are received in respect of abnormal taste and odour in the product, e.g. canned hams, or actual "blown" tins. One incident involved large tins of chicken which seemed sound when kept in a cool

temperature but when put on display in a store they began to show evidence of "blowing". On investigation *Streptococcus viridans* was isolated on culture and obviously the cans had not been sufficiently pasteurised. A total of 312 tins were seized.

A total of 715 cans of tomato juice were found to be badly "blown" due to the presence of live yeasts and were destroyed.

In the week prior to Christmas inspection is directed to the examination of turkeys and fowls, but in the past two years few seizures have been necessary. This year, however, very mild weather prevailed and it was found necessary to seize 155 chickens (wet plucked), because they showed signs of commencing decomposition.

The fish market is inspected daily and in the winter months only minor complaints are received. This year, however, it was necessary to seize and destroy over fifteen tons of herrings as a result of putrefaction.

The Preservatives in Food (Scotland) Amendment Regulations, 1971, came into operation in September imposing lower limits on the amount of nitrates which may be added to bacon. This resulted in a few complaints from shopkeepers that the practice was having an adverse effect on the shelf life of this commodity, particularly when vacuum-packed. However, by paying greater attention to the salting technique, and in particular by ensuring an even distribution of salt throughout the muscle fibre, the bacon factories seem to have solved the problem.

Salmonella Survey.—During the year routine samples were taken of the following commodities: Mince 16; Continental Meats 16; Various types of Sausages 45; Chicken Portions 4; Continental Cheeses 20; Home-produced Cheeses 6; and submitted to the Western General Hospital Laboratory and examined for the presence of salmonellae. In addition the cheese samples were examined also for *Brucella abortus*. All samples proved negative in respect of both tests.

The following foods were also examined as part of an investigation into their fitness for human consumption: Tinned Meats 35; Carcase Meat 14; Sausages 7; Pies, etc., 11; Haggis 4; Mussels 26; Oysters 5; Snails 1; Frogs' Legs 1; Chicken 15; Soups 5; Frozen Vegetables 4; Coleslaw 1; Tinned Vegetables 3; Tinned Fruit 4; Tinned Milk 5; Tomatoes 1; Cake 2; Miscellaneous 8.

Food Poisoning.—Throughout the year assistance was given to the infectious diseases section in the investigation of food poisoning incidents. One of the most interesting cases was associated with a tin of fruit salad which, on being consumed, caused severe symptoms of gastro-intestinal irritation. Examination of the contents of the can showed them to have a revolting odour and on questioning the complainant as to why he had consumed such obviously bad food it was found that neither he nor his wife had any sense of smell. The cause of the abnormal odour was due to the fact that the cherries in the fruit salad had been preserved in sulphur dioxide. This chemical had reacted with the metal of the can to produce sulphides. The lesson to be learned in this incident is that tins should be opened, particularly in catering establishments, by personnel who have some sense of smell. It must be emphasised that this was an isolated incident and the canners acted very promptly indeed in withdrawing all suspect tins.

The weight of foodstuffs seized in markets, shops and other premises in the City during 1971 was as follows:

	Weight in lbs.
Tinned Soups	6,050
Tinned Milk/Cream	520
Jam	236
Miscellaneous Vegetables	139,594
Beef	24,811
Meat/Tinned Meat	11,981
Cooked Ham	7,676
Pork	20,233
Tinned Fruit/Fresh Fruit	99,380
Poultry	3,712
Fish	39,564
Miscellaneous	7,087
	360,844

Equal to: 161 tons 1 cwt. 3 qrs. 8 lbs.

A total of 6,937 condemnation certificates were issued in respect of the above unsound material.

Meat Contracts.—129 visits were made to school meals centres and 71 visits to regional hospital board kitchens to check the quality of meat and fish supplied under contract. No major problems were encountered.

Food Hygiene.—Talks were again given on food handling to students at the Napier College who were studying for the Certificate and Diploma in Food Hygiene—Royal Institute of Public Health and Hygiene. During the year tuition was also given to four veterinary surgeons who attended Gorgie Abattoir for a refresher course in meat inspection. In May, a lecture entitled "The Hygienic Handling of Bakery Products" was given at the National Conference of the Association of Practical Co-operative Bakery Managers.

Certificates for Export.—Requests were again received for various certificates declaring that products originating in this country were free from certain diseases. During the year 41 certificates were issued in respect of wool to Italy, 4 certificates in respect of wool to Belgium. Food exports certificated were the following: Smoked Salmon to Greece 6, Frozen Filleted Whiting to America 6, and Frozen Squid to Spain 11.

PORT INSPECTION DUTIES

A variety of foodstuffs were landed at Leith Docks chiefly from Continental ports, and in the Spring large quantities of new potatoes were imported, as in previous years, from Cyprus, Egypt, etc. Most imported foods now arrive in containers which are either opened at the docks or sent still sealed and unexamined to their final destination. A total of 376 containers were consigned from Leith to other authorities and a total of 220 containers arrived at markets and warehouses in Edinburgh having been landed at other ports. During the postal strike notification of the dispatch of sealed containers to another city was made by telephone. This procedure proved to be excellent from the administrative point of view and the practice is still being continued by some port health officials with written notification following on. 309 such notices were issued in respect of sealed containers from Leith Docks during the year.

There is no doubt that the container service has much to commend it, particularly from the point of view of preventing damage to food cargoes. Unfortunately, damage can be extensive if one breaks loose en route—one such incident involved a Leith-bound ship and resulted in the seizure of 90 drums of vegetables in brine.

The following table indicates the imported foods which were condemned, rejected or re-exported during 1971:

	Weight in lbs.
Hen Egg Albumen	110
Spray Dried Whole Hen Egg	55
Butter	568
Cheese	11
Chopped Pork	44
Strawberries	510
Apples	63
Pears	770
Vegetables in Brine	20,160
Onions	30,800
	53,091

Equal to: 23 tons 14 cwts. 3 lbs.

Nine consignments of imported Tomato Puree were received and samples submitted to the City Analyst for the Howard Mould Count test; all proved negative. Six consignments of Groundnuts from Sudan were landed and samples taken proved negative for the presence of aflatoxin.

The Ministry of Agriculture approved some sheds in the Victoria Dock as a quarantine station for the importation of Continental cattle. A total of 470 Charolais and 180 Limousin cattle were landed at Leith Docks in February and detained in strict isolation for a period of one month under the Importation of Charolais and Limousin Cattle Order 1970.

In March, the North of Scotland Shipping Company withdrew their steamer service to Leith from the Orkney and Shetland Islands. A total of 215 cows, 9 bulls, 131 store cattle, 146 sheep and 1,227 lambs were landed in the first two months of the year.

The Liquid Egg (Pasteurisation) (Scotland) Regulations, 1963.—Under these regulations the following consignments of imported egg were examined and samples taken as shown:

	Consignments	*Samples Taken*
Dutch Egg	27	102
Polish Egg	1	8
Chinese Egg	1	23

In addition, periodic samples of pasteurised egg were taken at an egg plant located at Leith. All were satisfactory.

Consignments of imported egg albumen, dried egg, whole hen egg, etc., landed at the dockside were examined and samples taken for bacteriological examination for the presence of salmonellae. The following indicates the numbers involved:

	Number of Samples Taken
Dutch Egg	147
Danish Egg	20
German Egg	6

Salmonellae were recovered from one carton of Dutch Hen Egg Albumen and from one drum of Dutch Whole Hen Egg. Both consignments were returned to country of origin.

The total diseased and unsound foodstuffs dealt with by the Department in the City during 1971 is summarised as follows:

	Weight in lbs.
At Abattoir: Carcases	149,875
Offal	118,459
In Shops, Warehouses, etc.	360,844
At Port of Leith	53,091
	682,269

Equal to: 304 tons 11 cwts. 2 qrs. 21 lbs.

DISEASES OF ANIMALS ACT

The veterinary department is responsible for enforcing the provisions of the various orders and regulations made under the above Act, and in addition, the veterinary inspectors carry out certain duties allocated to them by the Divisional Officer of the Ministry of Agriculture. As Edinburgh has one of the largest livestock markets in the country a major part of the work is concerned with supervising the care of animals during transport and exposure for sale.

Livestock Markets.—Sales of fat cattle, sheep and pigs were held every Tuesday in the premises of Messrs. John Swan & Sons and Messrs. Oliver & Son. Messrs. Wm. Bosomworth held their sales in the Corporation Market. The following table indicates the number of animals passing through the markets during 1967, 1970 and 1971:

	1967	*1970*	*1971*
Cattle	21,501	22,143	23,197
Calves	3,228	269	222
Sheep	211,769	260,692	270,393
Swine	13,424	14,182	17,551
	249,922	297,286	311,363

A market for the sale of store stock is held also every Wednesday in the above-mentioned premises and the number of animals exposed for sale during 1967, 1970 and 1971 was as follows:

	1967	*1970*	*1971*
Cattle	18,732	22,493	24,168
Calves	2,373	3,840	3,731
Sheep	66,793	79,655	100,156
Swine	58,267	59,235	69,496
	146,165	165,223	197,551

In addition to the above weekly markets, Edinburgh has now become one of the main centres for the sale of Pedigree Hereford Cattle. Two very successful sales were held in the Corporation Market during 1971—one in February and one in October, involving a total of 684 pedigree animals.

The Market (Protection of Animals) Order, 1966.—The purpose of this Order is to ensure that animals are treated humanely in the market and that they are in a fit state to be exposed for sale. During the year it was found that little exception could be taken to the conditions of the animals exposed at the store markets, but occasionally in the fatstock sale the auctioneers were asked to withdraw an animal or animals. It would seem that some farmers, when they are consigning sound cows or sheep to a market, are inclined to send a chronically sick one simply as a convenient method of getting rid of it. This practice may save the farmer transport costs but is to be deprecated on humane grounds. These animals, when removed from the market, are usually sent for immediate slaughter.

Legal proceedings were taken against one person under the Protection of Animals (Scotland) Act for crowding too many sheep into a pen in the abattoir lairages resulting in the deaths of five animals. The person was found guilty and admonished.

The Regulation of Movement of Swine Order, 1959.—This Order states that no sale of pigs can be held unless it is authorised by the local authority. Messrs. John Swan & Sons and Messrs. Oliver & Son Ltd., of New Mart Road, Edinburgh, are so authorised to hold markets and all store pigs which leave those premises do so under licence. During the year 32,210 pigs were licensed from Messrs. Swan's and 38,681 from Messrs. Oliver's, necessitating the issue of 2,518 licences. The above Order also requires the licensing of pigs from fatstock centres and during the year 17,502 pigs were licensed, requiring the issue of 469 licences.

The Diseases of Animals (Waste Foods) Order, 1957.—Twelve pig farmers held licences under the above Order and periodic checks were made to the individual premises to ensure that the installations at the boiling plants were in proper repair and that unboiled swill was adequately protected.

The Live Poultry (Restrictions) Order, 1971.—This new Order lays down that the sale of poultry intended for slaughter must be held on a different day from poultry intended for breeding purposes. Messrs. Oliver's decided to cancel their weekly poultry sale but two special sales were authorised prior to Christmas.

Regulation of Movement of Imported Cattle.—The number of fat Irish cattle sent direct to the abattoir from approved ports was only 748. The reason for the reduced number consigned in this way is that it is now the policy in Ireland to slaughter their own fat cattle and export the carcases here in refrigerated trucks. The number of Irish store cattle sold—10,332—was the highest for some years. These animals are licensed from an approved port to the market and after exposure for sale are then moved under licence to a farm where they must remain for a period of six days in detention. A total of 805 licences were issued authorising the movement of these cattle from Gorgie Markets.

Markets, Sales and Lair Order.—This Order provides for the cleansing and disinfection of the markets after use and, as in former years, the standard of cleanliness maintained was excellent. Under the Transit of Animals Order contractors' vehicles must be washed and disinfected after discharging their load of livestock. A total of 1,717 vehicles were so treated.

Importation of Dogs and Cats Order, 1928, and Amendments of 1970, require that dogs and cats, on importation, must spend six months in quarantine

and must be vaccinated with an approved Rabies vaccine on entering quarantine premises. A total of 68 dogs and 17 cats were received and detained in approved premises within the City in 1971. The Rabies (Importation of Mammals) Order 1971, excludes a very large variety of animals (carnivorous and omniverous), from entering this country as a preventive measure against the introduction of rabies.

Pet Animals Act, 1951.—During the year a total of 26 pet shops were licensed within the City and throughout the year periodic inspections were made to these registered premises to ensure compliance with the Act. The most common pets sold are tropical fish, goldfish and birds. One complaint was received regarding kittens suffering from conjunctivitis and one concerning tropical fish affected with fungi.

Animal Boarding Establishments Act, 1963.—Four kennels were registered within the City during the year. On routine visits these premises were always found to be well-run and a good standard of cleanliness maintained. No complaints were received from persons boarding their pets therein.

The Riding Establishments Act, 1964 and 1970.—Two riding establishments were registered in the City. All horses were found to be fit and well cared for and the saddlery kept in good condition.

Farms.—The department has continued to provide clinical services for the Regional Hospital Board farm at Roddinglaw.

Police Stud and Dog Section.—As in previous years regular veterinary attention was given to the police horses and dogs.

Acknowledgements.—I wish to express my gratitude to all members of my staff for their continued wholehearted endeavour and support during the year.

SECTION IX

CITY ANALYST

ANALYST SERVICES

by P. J. G. Holliday, City Analyst

For the first time the number of samples examined in a year at the Scott-Dodd Memorial Laboratory has exceeded ten thousand, the actual number for 1971 being 10,060, which represents an increase of 7 per cent over the corresponding figure for the previous year. This increase has, however, underlined the deficiencies of the present building and on several occasions during the year the number of samples awaiting attention has proved a distinct embarrassment to the staff. The position could be relieved if an increase in establishment were possible, but unfortunately the laboratory is now so crowded that this is not feasible.

The total number of samples submitted by the City of Edinburgh was 7,572, which represents 75·3 per cent of the year's work. Other local authorities in Scotland which make use of the services provided by this laboratory submitted 1,894 samples, or 18·8 per cent of the total. What may be described as other official authorities submitted 229 samples or 2·3 per cent, and the remaining 3·6 per cent was made up of 365 samples coming from private commercial sources.

It should perhaps be emphasised that numbers of samples examined can provide only a means of comparison with previous years. They do not accurately reflect the amount of work carried out by the laboratory because each sample must be assessed and examined individually. This means that one may require the attention of a competent analyst for only a few minutes, whereas the next to be received may represent work for several men for a number of days. However, it is safe to say that 10,060 samples represents a considerable volume of work for any one year. An analysis of the origin of the samples is given below:

City of Edinburgh;

Food and Drugs Act		1,650	
Milk Samples	529		
Fertilisers and Feeding Stuffs Act		8	
Rag Flock Act		9	
Toys (Safety) Regulations		2	
Atmospheric Pollution		5,449	
Smoke in Air Determinations	2,731		
Sulphur Dioxide Volumetric Method	2,718		
Waters		318	
Taken from Swimming Pools	256		
City Architect's Department		2	
City Engineer's Department		21	
City Sanitary Department		46	
City Veterinary Department		66	
City Cleansing Department		1	
Total samples received from the City of Edinburgh			7,572

Samples received from other Local Authorities:

Berwick County;

Food and Drugs Act		156
Milk Samples	85	
Waters		7
Miscellaneous		2

Clackmannan County;		
Food and Drugs Act		105
Milk Samples	27	
Fertilisers and Feeding Stuffs Act		6
Atmospheric Pollution Deposit Gauges		15
Waters		26
Taken from Swimming Pools	1	
Miscellaneous		2
East Lothian County;		
Food and Drugs Act		204
Milk Samples	77	
Atmospheric Pollution Deposit Gauges		24
Waters		33
Taken from Swimming Pools	10	
Miscellaneous		20
Inverness Burgh;		
Food and Drugs Act		32
Milk Samples	17	
Atmospheric Pollution Deposit Gauges		6
Waters		3
Inverness County;		
Food and Drugs Act		139
Milk Samples	46	
Fertilisers and Feedings Stuffs Act		8
Waters		60
Miscellaneous		1
Midlothian County;		
Food and Drugs Act		62
Milk Samples	17	
Waters		41
Taken from Swimming Pools	28	
Miscellaneous		6
Moray and Nairn County;		
Food and Drugs Act		147
Milk Samples	81	
Fertilisers and Feeding Stuffs Act		3
Waters		13
Miscellaneous		1
Orkney County;		
Food and Drugs Act		55
Milk Samples	1	
Waters		27
Miscellaneous		1
Peeblesshire County;		
Food and Drugs Act		44
Milk Samples	28	
Waters		25
Taken from Swimming Pools	3	
Miscellaneous		1
Renfrew County;		
Food and Drugs Act		163
Milk Samples	40	
Fertilisers and Feeding Stuffs Act		3
Miscellaneous		8

Roxburgh County;			
Food and Drugs Act		93	
Milk Samples	44		
Fertilisers and Feeding Stuffs Act		8	
Miscellaneous		3	
Selkirk County;			
Food and Drugs Act		43	
Milk Samples	9		
Fertilisers and Feedings Stuffs Act		6	
West Lothian County;			
Food and Drugs Act		168	
Milk Samples	8		
Fertilisers and Feeding Stuffs Act		3	
Waters		19	
Taken from Swimming Pools	13		
Miscellaneous		9	
Zetland County;			
Food and Drugs Act		39	
Waters		54	
Total number of samples received from other Local Authorities			1,894
Samples received from other authorities:			
Edinburgh Royal Infirmary		112	
Northern Hospitals Board		2	
Northern Lighthouse Board		4	
North of Scotland Hydro-Electric Board		12	
Scottish Gas Board		28	
Scottish Society for the Prevention of Cruelty to Animals		1	
South East of Scotland Water Board		70	
Total number of samples received from other authorities			229
Samples received from private sources:			
Building Materials		22	
Gas-free Certificates		60	
Road Tankers	36		
Ships	23		
Static Tanks	1		
Insurance Assessment		6	
Spirits		152	
Whisky	126		
Rum	23		
Gin	3		
Tea		6	
Waters		44	
Miscellaneous		75	
Total number of samples received from private sources			365
Total number of samples examined during 1971			10,060

Details of the analysis done with respect to the samples originating from Edinburgh are contained in the appropriate sections of the Report by the Chief Sanitary Inspector and the Chief Veterinary Officer. As required by the Food and Drugs (Scotland) Act 1956, the City Analyst makes an Annual Report which is transmitted to the Secretary of State for Scotland together with details of any action taken in each case. This report has been used as the basis of a complete Annual Report by the City Analyst which is being published separately.

SECTION X

MISCELLANEOUS SERVICES

Infant Feeding Centre

Fireguard Loan Scheme

Home Nursing Aids

The City Mortuary

MISCELLANEOUS SERVICES

by C. F. Campbell, Chief Administrator

INFANT FEEDING AND LOST AND INJURED CHILDREN CENTRE

The Infant Feeding Centre was again open daily (including Sunday) during the month of July and for the fourth year was situated in the hut at Beach Lane, by arrangement with the local committee of the Edinburgh Toddlers' Play Centre's Association. There were 198 attendances this year, a considerable increase over the all-time low of 138 in 1970.

The daily attendances were noticeably affected by the very good weather during the Edinburgh Trades holiday fortnight and by the mediocre weather for the rest of the month of July. In fact, on four separate days there was no visitors at all and on seven further days there were three visitors or less.

Of the 198 mothers attending, only four did so for the purpose of breast feeding, the original reason for opening the Centre. The remainder used the premises either for bottle feeding or to heat soups or puddings or to "change" the children.

During the two months in which the Centre for lost and injured children was open (from 15th June to 15th August), there were 143 patients attended to, including six hospital cases, and the number of lost children taken into care was 80. These figures compare with those of 1970, when the Centre was opened for the same period and when 160 injured children and 60 lost children were dealt with.

The Health Committee expressed their appreciation to the attendant and nurse who are employed each year for the period when the Infant Feeding Centre and the Lost and Injured Children Centre respectively are opened, and to the volunteers of the St. Andrew's Ambulance Association who look after the lost and injured children at the Centre all day on Sunday and each week evening from 6 p.m. until 9 p.m.

FIREGUARD LOAN SCHEME

This scheme, introduced in 1951 by the Edinburgh Accident Prevention Council (Home Safety Committee), continued during the year, with 121 guards being issued.

Allowing for those "written off", missing or beyond repair, 1,743 were in use at the end of the year. The waiting list of applicants at 31st December was 31. Of all the fireguards in use, 90 per cent are in homes with young children.

During the year 55 cooker safeguards were also out on loan and there are 6 held in stock, with no waiting list.

HOME NURSING AIDS

In all, 1,874 items were issued on loan during the year. The total is comprised as follows:

Air Rings	137
Bed Boards (Sets)	132
Bed Cages	170
Bedpans	193
Bed Rests	174
Bedsteads	12
Commodes	252
Rubber Sheets	206
Wheel Chairs	66
Walking Aids	222
Miscellaneous (Bedding, etc.)	310
	1,874

The City Mortuary

Although the liquidation of the firm of contractors who were constructing the new City Mortuary at High School Yards caused some delay, the framework is now complete and it is hoped that towards the end of the year it will be possible to move the Mortuary from the unsatisfactory premises at South Gray's Close, which are also used as a Disinfecting and Cleansing Station.

During the year there were 1,006 (918) admissions to the Mortuary and 397 (244) post-mortems were carried out. The arrangements to use volunteers from the Cleansing Department as well as from the Health Department driving staff to uplift decomposed and other bodies throughout the city continued during the year, and in all 36 bodies were uplifted, many during the evening and at week-ends. While these arrangements have worked moderately well, neither the Police nor the Health Department are satisfied and it is hoped that better arrangements will be possible once the new Mortuary is opened and staffed.

PERSONAL

In the early part of the year we learned with great pleasure of Dr. J. L. Gilloran's election to membership of the Royal College of Physicians of Edinburgh. This was followed shortly afterwards by the award in The Queen's Birthday Honours List of an M.B.E. to Miss Nora N. Johnstone. Of her 27 years on the dental staff, 20 have been as a hygienist, and we see this award not only as recognition of a splendid career, but as an honour for the whole oral hygiene movement.

Another distinction to the Dental Department in general, and of course personally, was the award of a Gold Medal to Miss Heather Stevenson, for being the best all-round candidate in the National Certificate Examination of the Examining Board for Dental Surgery Assistants.

Warm congratulations, too, to Dr. L. M. Watson for her Littlejohn-Gairdner prize-winning essay on "The Management of Drug Misuse in School Children" The essay was published in the journal *Public Health* of November 1971 (Vol. 86, No. 71, pp. 10–19).

During the year Dr. J. C. Willison was co-author of two papers on tuberculosis in school, both along with Dr. J. D. Ross. The first, "Tuberculosis in Edinburgh", was published in the Scottish Medical Journal (1971; 16:443), and the second, "Relationship between Tuberculin Reactions and the Later Development of Tuberculosis", was published in *Tubercle* in December 1971.

During the year Miss M. K. Chisholm, Depute Superintendent Health Visitor, contributed three articles to the journals. Two of these appeared in the *Nursing Mirror*, the first entitled "Change—an Occupational Hazard" on 15th January and the other on the topic "Sympathy" on 28th May. "What do the Consumers pay us for?" appeared in the *Midwife and Health Visitor* (article No. 3, August 1971).

The Department was saddened by the death of Miss Doris McIntyre on 22nd October, after a long illness. In her ten years with the Department she brought a clear and original mind and a high standard of work to, in turn, the Infectious Diseases, Child Health and Pay Sections of the Department. She is greatly missed by all her colleagues.

Mention must also be made of the deaths of two pioneers of the child health movement in Edinburgh. The first was Miss Robina Laidlaw, health visitor from the Leith Health Department, who joined the health visiting staff of Edinburgh in 1920, upon amalgamation of Leith with Edinburgh. Miss Laidlaw died on 3rd April 1971, at the age of 82.

The other was Dr. Margaret M. Brotherston, M.B.E., who died on 17th October in her 95th year. She was the oldest woman medical graduate of Edinburgh University, having qualified in 1901, and to the older members of the Department she was a familiar figure during her period as Organising Secretary and Treasurer of the Voluntary Health Workers' Association, from 1935 until her retiral from the Association in 1964. Until shortly before her death she was a regular visitor to the Department, where her keen and genuine interest in its work and its staff endeared her to everyone.

SECTION XI

STATISTICAL TABLES

BIRTHS, DEATHS and MARRIAGES in EDINBURGH — 1952-71

Year	Estimated Population	NUMBERS						RATES					
		Live Births		Still Births	Marriages	Deaths		Per 1,000 of Estimated Population			Illegitimate Births per cent of Live Births	Deaths under 1 year per 1,000 Live Births	Still Births per 1,000 Total Births (Live and Still)
		Total	Illegitimate			All Ages	Under 1 year	Live Births	Marriages	Deaths			
1951	467,435	7,353	402	204	4,222	6,474	196	15·7	9·0	13·9	5·5	27	27
1952	475,074	7,129	391	195	4,240	5,964	206	15·0	8·9	12·6	5·5	29	27
1953	470,847	7,241	379	163	4,152	5,782	177	15·4	8·8	12·3	5·2	24	22
1954	469,297	7,256	386	158	4,347	6,061	185	15·5	9·3	12·9	5·3	25	21
1955	467,889	7,128	358	177	4,517	6,049	179	15·2	9·7	12·9	5·0	25	24
1951–55	470,108	7,221	383	179	4,296	6,066	189	15·4	9·1	12·9	5·3	26	24
1956	466,889	7,467	360	176	4,492	6,071	179	16·0	9·6	13·0	4·8	24	23
1957	465,671	7,854	399	153	4,326	6,005	191	16·9	9·3	12·9	5·1	24	19
1958	467,410	7,864	369	155	4,283	6,023	193	16·8	9·2	12·9	4·7	25	19
1959	469,399	8,150	385	161	4,212	6,246	199	17·4	9·0	13·3	4·7	24	19
1960	471,585	8,443	441	166	4,050	5,940	178	17·9	8·6	12·6	5·2	21	19
1956–60	468,191	7,956	391	162	4,273	6,057	188	17·0	9·1	12·9	4·9	24	20
1961	474,062	8,373	479	159	3,956	6,210	190	17·7	8·3	13·1	5·7	23	19
1962	475,338	8,753	541	140	4,045	6,092	211	18·4	8·5	12·8	6·2	24	16
1963	476,228	8,504	596	156	4,035	6,219	199	17·9	8·5	13·1	7·0	23	18
1964	473,270	8,774	612	143	4,046	5,859	181	18·5	8·5	12·4	7·0	21	16
1965	472,352	8,370	599	122	4,152	6,150	197	17·7	8·8	13·0	7·2	24	14
1961–65	474,250	8,555	565	144	4,047	6,106	196	18·0	8·5	12·9	6·6	23	17
1966	468,765	7,819	645	105	4,246	6,187	174	16·7	9·1	13·2	8·2	22	13
1967	467,986	7,728	656	120	4,342	5,755	166	16·5	9·3	12·3	8·5	21	15
1968	466,464	7,529	668	111	4,387	6,142	145	16·1	9·4	13·2	8·9	19	15
1969	465,421	6,897	659	79	4,487	6,021	153	14·8	9·6	12·9	9·6	22	11
1970	464,800	6,551	584	78	4,398	5,981	123	14·1	9·5	12·9	8·9	19	12
1966–70	466,687	7,304	642	98	4,372	6,017	152	15·6	9·4	12·9	8·8	21	13
1971	453,025	6,361	636	74	4,347	5,866	126	14·0	9·6	12·9	9·9	20	11

CITY OF

Deaths from Specified Causes and Death Rates per 1,000

CAUSE OF DEATH	MALES											Total Males
	-1	1-	5-	10-	15-	25-	35-	45-	55-	65-	75+	
1. Enteritis and other Diarrhoeal Diseases	1	—	—	—	—	—	—	—	1	—	—	2
2. Tuberculosis of Respiratory System	—	—	—	—	—	—	—	—	2	1	1	4
3. Tuberculosis: Other Forms	—	—	—	—	—	—	2	—	1	1	1	5
4. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—
5. Meningococcal Infection	1	—	—	—	—	—	—	—	—	—	—	1
6. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—
7. Measles	—	1	—	—	—	—	—	—	—	—	—	1
8. Syphilis and its Sequelae	—	—	—	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases	1	—	—	—	—	—	—	1	5	3	—	10
10. Malignant Neoplasms	1	—	2	—	2	10	14	52	183	259	159	682
11. Benign and Unspecified Neoplasms	—	—	—	1	—	1	—	—	1	1	—	4
12. Diabetes Mellitus	—	—	—	—	—	—	—	1	3	2	3	9
13. Anaemias	—	—	—	—	—	—	1	—	1	—	3	5
14. Meningitis	—	—	—	—	—	—	—	—	—	—	3	3
15. Other Diseases of Nervous System	1	—	—	1	4	—	3	5	3	6	7	30
16. Rheumatic Fever	—	—	—	—	—	—	—	—	—	—	—	—
17. Chronic Rheumatic Heart Disease	—	—	—	—	—	—	1	2	4	4	2	13
18. Hypertensive Disease	—	—	—	—	—	—	—	1	—	1	3	5
19. Ischaemic Heart Disease	—	—	—	—	—	1	14	64	180	215	151	625
20. Other Forms of Heart Disease	—	—	—	—	1	3	2	6	21	29	47	109
21. Cerebrovascular Disease	1	—	—	—	—	1	1	12	44	96	113	268
22. Other Circulatory Diseases	1	—	—	—	—	—	2	11	41	92	140	287
23. Influenza	—	—	—	1	1	1	—	4	1	1	1	10
24. Pneumonia	—	—	—	—	3	—	2	4	14	34	74	131
25. Bronchitis, Emphysema and Asthma	—	—	—	—	—	—	3	7	34	80	61	185
26. Other Respiratory Diseases	1	—	—	—	—	1	—	2	3	9	10	26
27. Ulcer of Stomach and Duodenum	—	—	—	—	—	—	—	—	4	3	5	12
28. Appendicitis	—	—	—	—	—	—	—	—	—	—	—	—
29. Intestinal Obstruction and Hernia	1	—	—	—	—	—	—	—	—	2	2	5
30. Other Digestive Diseases	1	—	—	—	—	—	2	4	6	24	6	43
31. Nephritis and Nephrosis	—	—	—	—	—	—	—	1	1	3	—	5
32. Other Diseases of Genito-Urinary System	—	—	—	—	—	—	1	1	5	6	17	30
33. Puerperal Causes	—	—	—	—	—	—	—	—	—	—	—	—
34. Diseases of Skin and Musculo-Skeletal System	—	—	—	—	—	—	—	—	2	3	4	9
35. Congenital Anomalies	10	2	1	—	—	—	1	5	3	1	2	25
36. Other Causes of Perinatal Mortality	37	—	—	—	—	—	—	—	—	—	—	37
37. Senility	—	—	—	—	—	—	—	—	—	—	—	—
38. Motor and Other Road Vehicle Accidents	—	—	5	1	9	6	5	7	8	7	2	50
39. Accidents in the Home	8	1	—	—	—	5	—	2	4	6	7	33
40. Suicide and Self-Inflicted Injuries	—	—	—	—	2	1	1	7	4	2	2	19
41. Other Violence	—	—	—	1	10	2	8	5	8	2	1	37
42. All Other Causes	7	2	—	1	—	—	1	5	7	9	9	41
TOTALS	72	6	8	6	32	32	64	209	594	902	836	2,761

EDINBURGH

in Sex and Age-Group

of the Population

CAUSE OF DEATH	FEMALES											Total Females	Total Both Sexes	Rate per 1,000 pop.
	–1	1–	5–	10–	15–	25–	35–	45–	55–	65–	75+			
1. Enteritis and other Diarrhoeal Diseases	3	—	—	—	—	—	—	—	—	1	—	4	6	0·013
2. Tuberculosis of Respiratory System	—	—	—	—	—	—	—	—	—	1	1	2	6	0·013
3. Tuberculosis: Other Forms	—	—	—	—	—	—	—	1	—	—	1	2	7	0·015
4. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Meningococcal Infection	1	—	—	—	—	—	—	—	—	—	—	1	2	0·004
6. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Measles	—	—	—	—	—	—	—	—	—	—	—	—	1	0·002
8. Syphilis and its Sequelae	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases	2	—	—	—	—	—	—	—	—	3	1	6	16	0·035
10. Malignant Neoplasms	—	—	1	—	—	5	20	72	146	187	216	647	1,329	2·933
11. Benign and Unspecified Neoplasms	—	—	1	—	—	—	—	1	3	—	2	7	11	0·024
12. Diabetes Mellitus	—	—	—	—	1	—	—	1	5	6	12	25	34	0·075
13. Anaemias	—	—	—	—	—	—	—	1	—	1	12	14	19	0·041
14. Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	3	0·006
15. Other Diseases of Nervous System	—	1	—	—	1	1	4	7	7	6	7	34	64	0·141
16. Rheumatic Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Chronic Rheumatic Heart Disease	—	—	—	—	—	1	1	4	12	16	9	43	56	0·123
18. Hypertensive Disease	—	—	—	—	—	—	—	—	—	3	2	5	10	0·022
19. Ischaemic Heart Disease	—	—	—	—	—	—	4	20	79	149	305	557	1,182	2·609
20. Other Forms of Heart Disease	—	—	—	1	—	—	3	7	19	40	131	201	310	0·684
21. Cerebrovascular Disease	1	—	—	—	—	1	2	6	42	119	328	499	767	1·693
22. Other Circulatory Diseases	—	—	—	—	—	—	4	3	21	85	345	458	745	1·644
23. Influenza	—	—	—	—	—	—	—	—	2	—	1	3	13	0·028
24. Pneumonia	1	—	—	1	—	1	—	3	5	27	107	145	276	0·609
25. Bronchitis, Emphysema and Asthma	—	—	—	—	—	—	1	2	14	25	30	72	257	0·567
26. Other Respiratory Diseases	1	—	—	—	—	—	1	1	4	7	15	29	55	0·121
27. Ulcer of Stomach and Duodenum	—	—	—	—	—	—	—	—	4	3	8	15	27	0·059
28. Appendicitis	—	—	—	1	—	—	—	—	—	—	—	1	1	0·002
29. Intestinal Obstruction and Hernia	1	—	—	—	—	—	—	—	—	1	7	9	14	0·030
30. Other Digestive Diseases	—	—	1	—	—	—	1	3	6	16	17	44	87	0·192
31. Nephritis and Nephrosis	—	—	—	—	—	—	—	1	1	3	3	8	13	0·028
32. Other Diseases of Genito-Urinary System	—	—	—	—	—	1	1	2	5	11	20	40	70	0·154
33. Puerperal Causes	1	—	—	—	—	—	—	—	—	—	—	1	1	0·002
34. Diseases of Skin and Musculo-Skeletal System	—	—	—	—	—	—	—	2	—	7	10	19	28	0·061
35. Congenital Anomalies	14	1	—	1	—	1	—	1	2	1	—	21	46	0·101
36. Other Causes of Perinatal Mortality	22	—	—	—	—	—	—	—	—	—	—	22	59	0·130
37. Senility	—	—	—	—	—	—	—	—	1	1	3	5	5	0·011
38. Motor and other Road Vehicle Accidents	—	3	1	1	1	2	3	1	3	3	6	24	74	0·163
39. Accidents in the Home	3	1	—	1	2	—	3	2	3	4	27	46	79	0·174
40. Suicide and Self-Inflicted Injuries	—	—	—	—	1	1	4	4	4	3	2	19	38	0·083
41. Other Violence	—	—	1	1	6	1	—	—	4	3	9	25	62	0·136
42. All Other Causes	4	1	—	—	—	—	—	2	3	14	28	52	93	0·205
TOTALS	54	7	5	7	12	15	52	147	395	746	1,665	3,105	5,866	12·9

CAUSES OF DEATH AMONG CHILDREN UNDER 5 YEARS DURING 1971

	Under 1 day	Under 1 wk.	1 and under 2 wks.	2 and under 3 wks.	3 and under 4 wks.	Total under 4 wks.	4 wks. and under 3 mths.	3 and under 6 mths.	6 and under 9 mths.	9 and under 12 mths.	Total under 12 mths.	12 mths. and under 2 yrs.	2 yrs. and under 3 yrs.	3 and under 4 yrs.	4 and under 5 yrs.	Total 1–5 yrs.	Total under 5 yrs.
Tuberculosis, Respiratory	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis, Other Forms	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Meningococcal Infections	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	1
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Other Infectious and Parasitic Diseases	—	1	—	—	—	1	—	1	—	1	3	1	—	—	—	—	4
Malignant Disease	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1
Meningitis, Other Forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	—	—	—	—	—	—	2	—	—	—	2	—	—	—	—	—	2
Bronchitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Respiratory Diseases	—	—	—	—	—	—	2	2	—	—	4	—	—	—	—	—	4
Intestinal Obstruction and Hernia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Gastro Enteritis	—	—	—	—	—	—	1	2	—	1	4	—	—	—	—	—	4
Other Digestive Diseases	—	—	1	—	—	1	—	—	—	—	1	—	—	—	—	—	1
Congenital Heart	1	3	3	—	—	7	3	—	—	—	10	—	—	—	1	—	11
Congenital Malformations	16	6	4	—	1	27	—	1	—	—	28	3	1	—	—	—	32
Injury at Birth	—	3	1	—	—	4	—	1	—	—	5	—	—	—	—	—	5
Post-Natal Asphyxia and Atelectasis	4	4	—	—	—	8	—	—	—	—	8	—	—	—	—	—	8
Other Infections of New Born	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases Early Infancy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Immaturity—Uncomplicated	11	5	—	—	—	16	—	—	—	—	16	—	—	—	—	—	16
Immaturity—Complicated	15	10	3	—	1	29	1	—	—	—	30	—	—	—	—	—	30
Accidents:—																	
Suffocation	—	1	—	—	—	1	2	5	1	2	11	—	—	—	—	—	11
Overlaying	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Out-of-Doors	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	—	3
Other	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	2
Other Violence	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All Other Causes	1	—	2	—	—	3	—	—	—	—	3	—	—	—	—	—	3
TOTALS	48	33	14	—	2	97	11	12	2	5	127	5	5	1	2	13	140

ANALYSIS OF DEATHS FROM MALIGNANT DISEASES 1971

SITE	SEX AND AGE GROUPS																TOTALS		
	Under 15		15–24		25–34		35–44		45–54		55–64		65–74		75+				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Both Sexes
Tongue and Mouth	—	—	—	—	—	—	—	—	—	—	—	—	1	1	3	3	4	4	8
Pharynx	—	—	—	—	—	—	—	—	—	—	1	—	—	2	—	1	1	3	4
Stomach and Oesophagus	—	—	—	—	—	—	3	—	5	—	29	11	27	23	27	37	91	71	162
Intestines and Rectum	—	—	—	—	1	—	1	2	6	9	15	27	21	21	22	46	66	105	171
Liver and Gall Bladder	—	—	—	—	—	—	1	—	1	1	6	2	3	4	—	8	11	15	26
Pancreas	—	—	—	—	—	—	—	—	1	3	9	8	13	11	8	11	31	33	64
Other Digestive Sites	—	—	—	—	—	—	—	—	—	1	—	2	1	—	2	1	3	4	7
Bronchus and Lungs	—	—	—	—	—	1	4	1	21	8	77	16	136	28	37	17	275	71	346
Other Respiratory System	—	—	—	—	—	—	—	—	2	—	3	—	2	1	1	—	8	1	9
Bones	—	—	—	—	1	—	—	—	—	—	1	—	1	—	—	2	3	2	5
Breast	—	—	—	—	—	1	—	6	1	18	—	37	—	30	—	17	1	109	110
Genital Organs	—	—	—	—	2	1	—	6	1	12	1	19	—	19	—	21	4	78	82
Prostate	—	—	—	—	—	—	—	—	—	—	2	—	15	—	28	—	45	—	45
Bladder	—	—	—	—	—	—	—	—	1	—	9	3	5	3	12	10	27	16	43
Kidney and Other Urinary Sites	—	—	—	—	—	—	—	—	2	1	3	—	3	2	—	3	8	6	14
Brain	—	—	—	—	1	—	—	—	1	—	5	1	2	3	—	—	9	4	13
Other Nervous Sites	—	—	1	—	2	2	1	—	3	2	1	1	1	3	—	—	9	8	17
Lymphatic and Haematopoietic Tissue	—	—	1	—	2	—	2	3	4	4	7	3	6	12	2	6	24	28	52
Leukaemia	3	1	—	—	—	—	—	1	—	3	3	5	3	—	7	7	16	17	33
All Other Sites	—	—	—	—	1	—	2	1	3	10	11	11	19	24	10	26	46	72	118
TOTALS — MALE	3	—	2	—	10	—	14	—	52	—	183	—	259	—	159	—	682	—	1,329
TOTALS — FEMALE	—	1	—	—	—	5	—	20	—	72	—	146	—	187	—	216	—	647	

ANALYSIS OF STILLBIRTHS, 1971

CAUSE	Number	Rate per 1,000 Total Births
Placental and Cord Conditions	16	2·5
Congenital Anomalies of Foetus	27	4·2
Anoxic and Hypoxic Conditions	16	2·5
Rhesus Factor	2	0·3
Toxaemias	2	0·3
Difficult Labour	1	0·2
Ill-defined and Other Causes	10	1·6
TOTAL ..	74	11·6

CHILD HEALTH CENTRES

Year of Birth	Number of New Cases	Number of Children Attending	Total Number of Attendances
1971	3,622	3,622	21,699
1970	844	3,053	17,781
1966–69	349	1,965	6,192
Others	8	33	39
TOTAL	4,823	8,673	45,711

Systematic Examination of Children attending Ordinary and Special Schools

Showing Number Examined, Immunisation State and Referrals made

	Nursery		Infants		13-year-olds		TOTAL
	Boys	Girls	Boys	Girls	Boys	Girls	Boys and Girls
Total number examined in each Age Group	574	497	3,181	2,966	2,620	2,174	12,024
Parents present at examination	535 93·20%	473 95·17%	2,917 91·70%	2,705 91·20%	436 16·64%	410 18·86%	7,476 62·23%
Immunisation State:							
(a) Diphtheria/Tetanus (Fully protected) ..	516 89·89%	459 92·35%	2,832 89·03%	2,517 84·86%	2,362 90·15%	2,006 92·27%	10,692 89·01%
(b) Poliomyelitis (Fully protected) ..	514 89·55%	461 92·76%	2,825 88·81%	2,512 84·69%	2,309 88·13%	1,980 91·08%	10,601 88·25%
(c) Smallpox (Vaccinated)	464 80·84%	405 81·49%	2,385 74·98%	2,181 73·53%	2,007 76·60%	1,687 77·60%	9,129 75·99%
Referrals made:							
(a) Refraction	6 1·05%	3 0·60%	94 2·96%	81 2·73%	105 4·01%	88 4·05%	377 3·13%
(b) Further Medical Opinion/ Treatment	26 4·53%	10 2·01%	135 4·24%	101 3·41%	101 3·85%	77 3·54%	450 3·74%
(c) Speech Therapy ..	11 1·92%	6 1·21%	77 2·42%	44 1·48%	12 0·26%	3 0·14%	153 1·27%
(d) Dental Treatment ..	12 2·09%	13 2·62%	176 5·53%	163 5·49%	285 10·88%	153 7·04%	802 6·67%
(e) Head Cleansing—advice to parents	— —	— —	7 0·22%	8 0·27%	24 0·92%	8 0·37%	47 0·39%
(f) Supervision by School Doctor	104 18·12%	72 14·49%	710 22·32%	480 16·18%	298 11·37%	226 10·39%	1,890 15·73%
Total number of *children* to whom these referrals apply	121 21·08%	77 15·49%	966 22·32%	669 22·55%	665 25·38%	464 21·34%	2,962 24·65%

VISION TESTING

AGE	Total Number Examined		GOOD VISION (6/6 in better eye, with or without glasses)		FAIR VISION (6/9 or 6/12 in better eye, with or without glasses)				BAD VISION (6/18 or worse in better eye. with or without glasses)			
					Defect already known		Defect recognised for first time		Defect already known		Defect recognised for first time	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
7-year-olds:												
Boys	2,840	100	2,537	89·33	111	3·91	155	5·46	17	0·60	20	0·70
Girls	2,981	100	2,654	89·03	119	3·99	172	5·77	19	0·64	17	0·57
9-year-olds:												
Boys	2,437	100	2,126	87·28	136	5·58	114	4·68	33	1·35	28	1·11
Girls	2,589	100	2,236	86·37	130	5·02	162	6·26	35	1·35	26	1·00

REGIONAL ASSESSMENT CENTRE, EDINBURGH

	ON CHARGE		ON PETITION	
	Examined for Admission	Examined for List D School Report	Examined for Admission	Examined for List D School Report
EDINBURGH:				
Boys	210	83	37	19
Girls	31	8	75	42
TOTAL ..	241	91	112	61
OUTWITH:				
Boys	186	98	30	13
Girls	12	4	47	30
TOTAL ..	198	102	77	43
GRAND TOTAL ..	439	193	189	104

Total of Edinburgh and Outwith Children:

Examined for List D School Report—297 (total 1969/70—360)

Examined for admission —628 (total 1969/70—690)

AUDIOMETRIC TESTING — SESSION 1970-71

				DOUBLE DEFECT 1–4HZ BETTER EAR					SINGLE EAR DEFECT 1–4HZ							
	Listed	Tested	Normal	Fail Sweep	Total Defec.	15–29 Dbs.	30–45 Dbs.	46 Dbs. or over	Fail Sweep	Total Defec.	15–29 Dbs.	30–45 Dbs.	46 Dbs. or over	Abs.	Left	U/T
Routine Groups:																
1. Infant admits of 1970 ..	6,665	6,172	5,539	716	220	163	51	6	493	413	254	140	19	480	—	13
% of number tested			89·7		3·6					6·7						
2. Born 1962	6,531	6,184	5,599	688	218	199	15	4	551	367	262	91	14	343	—	4
% of number tested			90·6		3·5					5·9						
3. Born 1957	556	529	494	39	16	13	2	1	31	19	15	3	1	27	—	—
% of number tested			93·4		3·0					3·6						
4. Absentees last session ..	899	655	584	54	25	19	6	—	43	46	32	14	—	108	136	—
Previously Defective:																
5. Defective last session ..	3,774	2,229	882	789	604	448	90	66	732	743	465	193	85	1,233	312	—
% of number tested			39·56		27·09					33·33						
6. Normal last session	1,661	1,041	827	129	70	66	4	—	151	144	117	24	3	503	117	—
% of number tested			79·5		6·7					13·8						
7. Special requests	934	929	765	144	95	65	24	6	101	69	48	14	7	—	—	5
% of number tested			82·4		10·2					7·4						
Totals	21,020	17,739	14,690	2,559	1,248	973	192	83	2,102	1,801	1,193	479	129	2,694	565	22
Less Duplicates	572	545	298	134	116	99	13	4	122	131	82	42	7	27	—	—
Final Totals	20,448	17,194	14,392	2,425	1,132	874	179	79	1,980	1,670	1,111	437	122	2,667	565	22
Absent O.C.D.'s	..	..	..	..	562	449	96	17		671	434	172	65	Grade D		
Total Defectives	4,035*	..	..	..	1,694	1,323	275	96		2,341	1,545	609	187			
Defectives attending other schools	40*	..	..	..										40		
Area total of defectives	4,075*	..	..	..	1,694	1,323	275	96		2,341	1,545	609	187	40		
% of total number of defectives ..	..	..	..	..	41·5	32·5	6·7	2·3		57·4	37·9	14·9	4·6	·98		
% of school population of 65,505	6·21*	..	..	..	2·58	2·02	0·42	0·14		3·57	2·36	0·92	·29	·06		

* Double- and Single-Ear Defect.

Number of Deaths from Various Causes in Edinburgh School Children (5-15 years) 1952-71

YEAR	Pulmonary T.B.	Other T.B.	Cerebro Spinal Fever	Poliomyelitis	Measles	Diphtheria	Whooping Cough	Nervous Diseases	Heart Diseases	Pneumonia and other Respiratory Diseases	Digestive Diseases	Urinary Diseases	Rheumatic Fever	Malignant Disease	Accidents and other Violence	Cerebrovascular Circulatory Diseases	Other Causes	Total Deaths 5–15 years	Death Rate per 10,000 Population
1952	2	—	—	—	—	—	—	3	1	2	—	2	2	8	5	—	8	33	5·5%
1953	—	1	—	—	—	1	—	2	—	6	2	—	2	8	8	—	4	34	5·5%
1954	1	—	—	—	—	—	1	3	1	5	3	1	—	6	9	—	4	34	5·5%
1955	—	—	2	—	—	—	—	5	—	4	2	1	—	3	11	—	2	30	4·8%
1956	—	—	—	—	—	—	—	3	—	1	1	1	2	6	3	—	5	22	3·5%
1957	—	—	—	—	—	—	1	3	—	2	—	1	1	10	9	—	4	31	4·9%
1958	—	—	—	—	—	—	—	1	2	1	2	—	—	2	7	—	2	17	2·7%
1959	—	—	—	—	—	—	—	3	—	2	—	—	1	4	7	—	1	18	2·8%
1960	—	—	—	—	—	—	—	1	2	2	3	3	—	8	8	—	9	36	5·5%
1961	—	—	—	—	1	—	—	—	—	1	1	1	—	4	10	—	3	21	3·2%
1962	—	—	—	—	—	—	—	4	1	—	—	—	—	2	12	—	6	25	3·8%
1963	—	—	—	—	—	—	—	1	—	1	2	2	—	6	6	—	2	20	3·1%
1964	—	—	—	—	—	—	—	6	—	1	2	—	—	6	7	—	5	27	4·2%
1965	—	—	—	—	—	—	—	5	—	2	—	1	—	9	10	—	7	34	5·2%
1966	—	—	—	—	1	—	—	2	1	3	—	—	—	4	8	—	1	20	2·9%
1967	—	—	—	—	—	—	—	3	—	3	—	—	—	7	9	—	6	28	4·3%
1968	—	—	—	—	—	—	—	1	1	5	1	—	—	4	10	2	—	24	3·7%
1969	—	—	—	—	—	—	—	—	—	—	—	—	—	3	7	—	5	15	2·3%
1970	—	—	—	—	—	—	—	3	3	3	2	—	—	6	7	1	3	28	4·3%
1971	—	—	—	—	—	—	—	1	1	—	—	—	—	5	15	—	4	26	4·2%

Tuberculin Testing and B.C.G. Vaccination of School Children born in 1957

	BOYS			GIRLS			TOTAL		
							Boys and Girls	Boys and Girls	Boys and Girls
	Local Authority	Private	Total	Local Authority	Private	Total	Local Authority	Private	Grand Total
Number offered Tuberculin Testing	2,819	769	3,588	2,813	486	3,299	5,632	1,255	6,887
Number Accepted	2,680 (95·1%)	725 (94·3%)	3,405 (94·9%)	2,699 (95·9%)	461 (94·9%)	3,160 (95·8%)	5,379 (95·5%)	1,186 (94·5%)	6,565 (95·3%)
Number not Tested (Cases, Contacts, Absentees, etc.) ..	186	31	217	161	15	176	347	46	393
Number Tuberculin Tested	2,494	694	3,188	2,538	446	2,984	5,032	1,140	6,172
Number of Tests Read	2,359	675	3,034	2,432	430	2,862	4,791	1,105	5,896
Number of Natural Positive Reactors	146 (6·2%)	53 (7·9%)	199 (6·6%)	139 (5·7%)	52 (12·1%)	191 (6·7%)	285 (5·9%)	105 (9·5%)	390 (6·6%)
Heaf Positive Grade I	116 (79·5%)	40 (75·5%)	156 (78·4%)	101 (72·7%)	45 (86·5%)	146 (76·4%)	217 (76·1%)	85 (80·9%)	302 (77·4%)
Heaf Positive Grade II	10 (6·8%)	10 (18·8%)	20 (10·1%)	13 (9·4%)	5 (9·6%)	18 (9·4%)	23 (8·1%)	15 (14·3%)	38 (9·7%)
Heaf Positive Grade III	14 (9·6%)	1 (1·9%)	15 (7·5%)	15 (10·8%)	1 (1·9%)	16 (8·4%)	29 (10·2%)	2 (1·9%)	31 (7·9%)
Heaf Positive Grade IV	6 (4·1%)	2 (3·8%)	8 (4·0%)	10 (7·2%)	1 (1·9%)	11 (5·8%)	16 (5·6%)	3 (2·9%)	19 (4·9%)
Number of Post-Vaccinal Positive Reactors	240 (10·2%)	97 (14·4%)	337 (11·1%)	225 (9·3%)	34 (7·9%)	259 (9·0%)	465 (9·9%)	131 (11·9%)	596 (10·1%)
Number of Negative Reactors	1,973 (83·6%)	525 (77·8%)	2,498 (82·3%)	2,067 (84·9%)	344 (80·0%)	2,411 (84·2%)	4,040 (84·3%)	869 (78·6%)	4,909 (83·3%)
Number Vaccinated	1,950	499	2,449	2,049	359	2,408	3,999	858	4,857

SPEECH THERAPY ANNUAL RETURN

A. Number of children referred for treatment in the year ending 31/7/71

		Up to 4 years		5–8 years		9–12 years		13–16 years		Over 16 years			
		Born in year 1967 or later		Born in years 1963–1966		Born in years 1959–1962		Born in years 1955–1958		Born in 1954 or earlier		TOTAL	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
1. Referred with speech defect alone:	Stammerers			12	2	6	1	3				21	3
	Others	2	2	188	80	16	7	2	4			208	93
2. Referred with speech defect plus other handicap:													
(a) From P.H. Schools	Stammerers												
	Others						1						1
(b) From M.H. Schools	Stammerers				1	1						1	1
	Others			2	4	3	2	1	1			6	7
(c) From other Special Schools and Classes	Stammerers			1								1	
	Others				1	2						2	1
(d) From Normal Schools	Stammerers												
	Others	1		30	15	4	1					35	16
										TOTAL ..		274	122

B. Number of children dealt with in the year ending 31/7/71

	Born in year 1967 or later		Born in years 1963–1966		Born in years 1959–1962		Born in years 1955–1958		Born in 1954 or earlier		TOTAL	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Diagnosis and advice to teacher only	3	10	104	53	38	12	5		3		153	75
Treatment: Duration: *(a)* Up to 3 months		1	80	42	13	4	1	1			94	48
(b) Over 3 months and less than 12 months	2	1	145	70	57	22	3	1			207	94
(c) 12 months or more			115	55	123	42	17	8	2	1	257	106
									TOTAL ..		711	323

C. Number of cases on waiting list at 31/7/71 — 204

TABLE I

DENTAL SERVICES (School and M. & C.W.)
1st AUGUST 1970 to 31st JULY 1971

Section I — General Statistics

School population — 66,318
Estimated pre-school population — 32,938

	AGE ON INSPECTION														
	Ages 0–4	5	6	7	8	9	10	11	12	13	14	15	16	17+	Total Ages 5–17+
Routine Dental Inspection ..	2,717	3,787	3,948	3,866	4,215	3,892	3,839	3,279	1,503	588	500	273	147	97	32,651
With Dental Defects	1,883	2,990	3,168	3,177	3,425	3,069	2,986	2 507	1,187	501	421	216	132	79	25,751
Accepting Treatment	1,277	1,647	1,816	1,752	1,712	1,492	1,462	1,156	693	475	394	194	109	71	14,250
Treated	1,400	1,419	1,831	1,726	1,723	1,421	1,465	1,124	732	559	447	228	87	80	14,242
Number made Dentally Fit ..	981	1,010	1,350	1,357	1,353	1,293	1,342	984	663	508	407	251	131	113	11,743
Special and Emergency Cases ..	423	346	317	325	351	312	300	248	183	168	186	76	30	43	3.308
Attendances for Treatment: Total Ages 0–4	5,248									**Attendances for Treatment:** Total Ages 5–17+					63,881

Section II — Details of Treatment

	School Children	Pre-School Children	Mothers Ante- and Post-Natal	TOTAL
Fillings:				
Permanent — teeth	24,610	—	147	24,757
surfaces	30,124	—	246	30,370
Deciduous — teeth	11,474	2,327	—	13,801
surfaces	16,619	3,794	—	20,413
Extractions *(excluding orthodontic):*				
Permanent teeth	2 673	—	52	2,725
Deciduous teeth	2,492	1,053	—	9,545
Periodontal Treatment:				
Courses	2,225	—	32	2,257
Preventive Treatment	3,436	76	3	3,515
Dentures:				
Partial	92	none	5	97
Full	1	none	3	4
Radiographs:				
Patients examined	1,556	36	8	1,600
Radiographs taken	3,297	45	17	3,359
General Anaesthetics	994	145	none	1,139
Other Operations:				
Permanent teeth	19,557	—	83	19 640
Deciduous teeth	6,779	1,855	—	8,634
Orthodontic Treatment		*See Section III*		

Section III — Orthodontic Treatment

No. of cases continued from previous year	492
No. of new cases	311
No. transferred from another health authority	1
No. transferred to another health authority	5
No. of cases discontinued	33
No. of cases completed	214
No. of cases continuing at end of year	552
No. of diagnostic examinations: *(a)* R.H.B. Consultant	85
(b) Dental Officers	226
No. of attendances: *(a)* R.H.B. Consultant	162
(b) Dental Officers	4,949
No. of removable appliances fitted: *(a)* R. H.B.Consultant	Nil
(b) Dental Officers	261
No. of fixed appliances fitted: *(a)* R.H.B. Consultant	Nil
(b) Dental Officers	18
No. of completed cases treated by appliance	118
No. of completed cases treated without appliance	96
No. of orthodontic extractions: *(a)* Permanent teeth	655
(b) Deciduous teeth	623

Section IV — Maternity

Routine Examination	54
Attendances	239
Completed dentally fit	25
Fillings: *(a)* Teeth	147
(b) Surfaces	246
Extractions	52
General Anaesthetics	None
Dentures: *(a)* Partial	5
(b) Full	3
Periodontal Treatment	32
Other operations	83

DOMICILIARY NURSING SERVICE — CITY OF EDINBURGH
Patients attended by the Queen's Institute of District Nursing during 1971

DISTRICT	Staff on Districts	PATIENTS								Ante-Natal Visits	T.B. Visits	Total all Visits	Work Under-taken in Surgery
		Medical		Surgical		Maternity		Total					
		New	Old	New	Old	New	Old	New	Old				
						141 E.D.	3 E.D.						
Central Training Home	See below	1,082	799	458	71	50	1	1,731	874	592	2,529	87,150	—
Periphery Districts	13	695	493	439	65	—	—	1,134	558	—	1,313	46,082	—
Paediatric District	1	63	9	218	10	—	—	281	19	—	—	2,400	—
Group Attachments:													
Restalrig	2	146	60	49	8	—	—	195	68	—	73	4,325	788
Liberton I	1	124	10	23	5	—	—	147	15	—	44	3,596	979
Liberton II	½	62	27	29	1	—	—	91	28	—	5	2,604	—
Granton	4	766	47	131	4	—	—	897	51	—	18	6,439	7,894
Morningside	2	140	48	66	6	—	—	206	54	—	—	5,348	978
Stockbridge	2	73	36	56	6	—	—	129	42	—	—	4,442	3,515
Marchmont	1	68	39	25	5	—	—	93	44	—	—	2,961	339
Ferry Road	2	140	43	28	1	—	—	168	44	—	—	2,838	2,870
Inverleith	1	147	51	56	4	—	—	203	55	—	19	3,893	366
Portobello	2	112	60	89	4	—	—	201	64	—	180	4,778	645
Wellington Place	1	270	36	42	2	—	—	312	38	—	121	3,537	219
Bruntsfield	2	55	35	29	4	—	—	84	39	—	—	3,687	3,769
Craiglockhart	1	212	23	55	3	—	—	267	26	—	100	3,269	1,461
Summerside	1	101	18	19	4	—	—	120	22	—	—	2,581	1,277
Gilmore Place	2	76	33	101	6	—	—	177	39	—	52	5,104	492
Springwell House	4	883	88	110	15	—	—	993	103	—	253	7,622	3,526
Eyre Crescent	1	55	20	31	4	—	—	86	24	—	32	3,287	882
Sighthill	1	81	14	26	3	—	—	107	17	—	94	3,083	703
Ladywell	3	119	—	87	—	—	—	206	—	—	145	5,640	536
Corstorphine	1	46	—	22	—	—	—	68	—	—	—	2,199	—
Newhaven	1	123	—	25	—	—	—	148	—	—	55	2,718	245
Niddrie	2	94	—	44	—	—	—	138	—	—	89	4,367	1,388
Palmerston Place	1	26	—	11	—	—	—	37	—	—	—	2,026	82
Churchill	1	20	—	2	—	—	—	22	—	—	27	421	228
Leith Walk	1	12	—	7	—	—	—	19	—	—	17	814	9
TOTALS ..	54½	5,791	1,989	2,278	231	191	4	8,260	2,224	592	5,166	227,211	33,191

E.D.=Early Discharge from Hospital

Staff Establishment=106+2½ Vacancies

Sighthill Health Centre:
4 Registered General Nurses, part-time

Night Nursing Service:
7 Registered General Nurses working on a rota basis

DISTRICT NURSING SERVICE
Staff Establishment

1 Superintendent
1 Depute Superintendent
4 Area Nursing Officers
2 Tutors

67 District Nursing Sisters, full-time
8 District Nursing Sisters, part-time
13 Trained Nurses in Training
3 Midwives
9 Enrolled Nurses, full-time
4 Nursing Auxiliaries

HEALTH VISITORS' HOME VISITS, 1971

	First Visits	*Re-Visits*	*Total*
Expectant Mothers	2,566	1,411	3,977
Children Born, 1971	7,440	27,186	34,626
Children Born, 1970	8,892	22,834	31,726
Children Born, 1966–69	15,879	31,255	47,134
School Children	1,689	2,231	3,920
Persons aged 65 and over	4,951	12,379	17,330
Mental Health	442	1,409	1,851
Other Hospital Aftercare	274	222	496
Tuberculosis	1,173	3,317	4,490
Other Infectious Diseases	44	64	108
Home Accidents	40	4	44
Other	459	341	800
	43,849	102,653	146,502

HEALTH VISITORS' ATTENDANCE AT CLINICS, 1971

Child Health (Local Authority)	4,600
Hospital Units	1,884
School Health Service Clinics	303
Attendances at G.P. Surgeries	1,639
Chest Clinics (R.V.D.)	266
B.C.G. Clinic	165
Health Talks—	
Mothercraft	309
Relaxation	88
Health Education	484
Case Conferences	1,118
Medical Inspections (School) with M.O.	2,734
Medical Inspections (School) without M.O.	4,593
*Other	1,021

* Other includes: Family Planning, Geriatric Mental Health, Playcentres.

Number of visits made (on behalf of health visitors) 1,463

HEALTH VISITORS ATTACHED TO GENERAL PRACTITIONERS

Attendances at Child Health Clinics held in Surgeries

Year of Birth	*Number of New Cases*	*Number of Old Cases*	*Total No. of Attendances*
1971	971	4,651	5,622
1970	399	2,607	3,006
1966–1969	328	1,630	1,958
Others	5	65	70
Total	1,703	8,953	10,656

NUMBER OF CASES OF INFECTIOUS DISEASES, NOTIFIED DURING 1971 BY SEX AND AGE-GROUP

DISEASE	Sex	All Ages	Number of Cases coming to the knowledge of the Medical Officer of Health — Age Groups: Under 1	1–4	5–14	15–24	25–34	35–44	45–64	65 plus	Cases removed to Hospital	Cases not removed to Hospital
Measles	M	1,201	82	782	331	5	1	—	—	—	39	1,162
	F	1,121	70	745	297	5	3	1	—	—	33	1 088
Dysentery ..	M	372	16	160	126	21	20	18	8	3	68	304
	F	421	15	156	107	48	46	21	21	7	67	354
Jaundice, Infective	M	142	—	5	54	44	19	7	11	2	49	93
	F	132	—	4	49	36	22	7	10	4	34	98
Whooping Cough	M	117	21	52	41	1	—	1	—	1	11	106
	F	135	26	67	33	5	2	1	1	—	13	122
Tuberculosis, Pulmonary ..	M	102	—	3	6	11	7	12	48	15	53	49
	F	48	1	2	4	5	4	10	16	6	18	30
Food Poisoning ..	M	69	4	5	12	19	7	8	12	2	6	63
	F	75	3	6	4	28	14	3	14	3	4	71
Rubella	M	96	2	49	37	3	—	5	—	—	3	93
	F	113	9	38	57	3	4	1	1	—	—	113
Scarlet Fever ..	M	41	—	18	21	2	—	—	—	—	6	35
	F	33	1	7	23	1	1	—	—	—	6	27
Pneumonia, Acute Primary ..	M	41	—	4	9	5	—	—	7	16	—	41
	F	39	—	6	9	2	2	4	6	10	1	38
Tuberculosis, Other Forms ..	M	13	—	—	1	4	2	2	4	—	7	6
	F	22	—	—	1	2	4	4	3	8	7	15
Chickenpox ..	M	17	—	9	5	2	1	—	—	—	17	—
	F	14	2	5	2	4	1	—	—	—	14	—
Erysipelas ..	M	6	—	—	—	1	3	1	—	1	1	5
	F	14	—	—	—	2	1	—	2	9	3	11
Pneumonia, Acute Influenzal	M	3	—	—	—	—	—	—	3	—	—	3
	F	14	1	—	2	—	1	—	2	8	—	14
Malaria	M	12	—	1	1	1	3	3	2	1	12	—
	F	4	—	—	1	1	1	1	—	—	4	—
Cerebro-Spinal Fever	M	4	1	1	1	—	—	—	—	1	4	—
	F	3	—	—	1	1	—	1	—	—	3	—
Para-Typhoid 'B'..	M	1	—	—	—	1	—	—	—	—	1	—
	F	2	—	—	—	1	—	—	—	1	2	—
Typhoid Fever ..	M	1	—	—	—	—	1	—	—	—	1	—
	F	1	—	—	—	—	1	—	—	—	1	—
Ophthalmia Neonatorum ..	M	2	2	—	—	—	—	—	—	—	—	2
	F	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever/Pyrexia ..	M	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	1	1	—	—	—	1	1
Leprosy	M	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	1	—	—	—	1	—
TOTALS	M	2,240	128	1,089	645	120	64	57	95	42	278	1,962
	F	2,194	128	1,036	590	145	109	54	76	56	212	1,982
Both Sexes		4,434	256	2,125	1,235	265	173	111	171	98	490	3,944

Tuberculosis Notifications and Deaths, 1971

In Age-Groups and Sex

AGE GROUPS	NOTIFICATIONS				DEATHS			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory and Late Effects	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 15 years ..	9	7	1	1	—	—	—	1
15–24 years ..	11	5	4	2	—	—	—	—
25–34 years ..	7	4	2	4	—	—	—	—
35–44 years ..	12	10	2	3	—	—	2	—
45–54 years ..	23	6	3	3	—	1	—	—
55–64 years ..	25	10	1	1	2	—	—	—
65 and over ..	15	6	—	8	3	1	1	2
TOTALS ..	102	48	13	22	5	2	3	3
	150		35		7		6	

Number of Persons in the City at 31st December 1971 who were known to be suffering from Tuberculosis

	Under 15 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 and over	Totals
Respiratory:								
Males	123	140	167	274	237	242	30	1,213
Females ..	118	114	215	250	98	93	32	920
Totals ..	241	254	382	524	335	335	62	2,133
Non-Respiratory:								
Males	10	36	34	32	29	15	9	165
Females ..	10	38	65	54	40	18	40	265
Totals ..	20	74	99	86	69	33	49	430

VACCINATION AND IMMUNISATION

Number and Percentage of Live Births who have completed Primary Doses as at 31st December 1971

Year of Birth	Live Births	Smallpox		Diphtheria		Whooping Cough		Tetanus		Poliomyelitis		Measles	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1964	8,774	5,880	67·0	7,347	83·7	7,166	81·7	7,354	83·8	6,468	73·7	520	5·9
1965	8,370	5,273	63·0	6,404	76·5	6,321	75·5	6,407	76·5	6,037	72·1	677	8·1
1966	7,819	5,008	64·0	6,268	80·2	6,179	79·0	6,270	80·2	5,725	73·2	873	11·2
1967	7,728	4,474	57·9	6,355	82·2	6,258	81·0	6,355	82·2	5,748	74·4	999	12·9
1968	7,529	2,353	31·3	5,328	70·8	5,307	70·5	5,332	70·8	4,713	62·6	280	3·7
1969	6,897	160	2·3	713	10·3	705	10·2	714	10·4	568	8·2	5	0·1
1970	6,537	207	3·1	520	7·6	497	7·4	521	7·6	425	6·3	9	0·2
1971	6,361	72	1·1	418	6·5	419	6·5	480	7·5	425	6·6	15	0·2

Analysis of Primary Vaccinations and Immunisations carried out during 1971

	NUMBER COMPLETED FULL COURSE								
	YEAR OF BIRTH								
	1971	1970	1969	1968	1967	1966	1965	1964 or Earlier	Total
Smallpox	72	207	160	2,136	1,646	356	114	655	5,346
Triple Antigen	419	497	705	2,730	312	81	41	56	4,841
Diphtheria and Tetanus ..	59	23	8	14	21	20	35	962	1,142
Diphtheria only	—	—	—	—	—	—	—	70	70
Tetanus only	2	1	1	2	—	—	1	704	711
Poliomyelitis	425	425	568	3,205	279	86	48	932	5,968
Measles	15	9	5	251	373	187	112	104	1,056

Analysis of Re-Vaccinations and Booster Doses carried out during 1971

	NUMBER GIVEN BOOSTER DOSE								
	YEAR OF BIRTH								
	1971	1970	1969	1968	1967	1966	1965	1964 or Earlier	Total
Smallpox	4	3	12	20	22	49	45	3,909	4,064
Triple Antigen	4	108	154	37	41	305	86	79	814
Diphtheria and Tetanus ..	5	23	42	15	236	2,896	1,625	332	5,174
Diphtheria only	—	—	—	—	1	6	7	140	154
Tetanus only	1	4	14	33	45	37	42	1,147	1,323
Poliomyelitis	—	76	117	44	270	3 428	1,695	5,561	11,191

SECTION XII

SANITARY SERVICES

General Sanitation

Housing

Atmospheric Pollution

Noise Abatement

Offices, Shops and Factories

Rodent and Insect Control

Food Hygiene

Food and Drugs

Port Sanitary Inspection

Prosecutions

Appendices

Sanitary Department,
Public Health Chambers,
Johnston Terrace,
Edinburgh,
EH1 2PP

To

The Secretary of State for Scotland and the Lord Provost, Magistrates and Councillors of the City of Edinburgh.

LADIES AND GENTLEMEN,

I have the honour to present the Annual Report for the year 1971.

I wish to acknowledge the support given me by the members of the Town Council, particularly the Chairman and Conveners of the Health and Housing Committees.

I also wish to thank my fellow officials and their Staffs for their continued support and assistance throughout the year.

In conclusion I would sincerely like to thank my Depute and every member of Staff for their hard work and loyal support without which the environmental health duties within the City could not have been carried out.

I am,

Your obedient servant,
IAN W. WINTOUR, M.R.S.A.(Scot.)
Chief Sanitary Inspector

INTRODUCTION

Any review of the work of a Sanitary Department must draw attention to the variety and number of statutory functions it performs in the course of a year, and this Report endeavours to group these duties into a composite whole and give an up-to-date picture of the environmental services in the City.

One hears the words conservation and pollution more and more frequently in everyday conversation as the public become more and more aware of the need for environmental controls. From the beginning of the century the Sanitary Inspector has been protecting and improving the conditions in which people live and work. Looking back over the years he can take some credit for better housing, cleaner food and air, improved working conditions, to name but a few of the environmental aspects which come within his scope. The public expect a high standard but in order to achieve and maintain that standard a continuing vigilance must be maintained. We have a great deal to offer in the way of guidance and assistance to anyone seeking advice in environmental health matters and our offices in Johnston Terrace are reasonably accessible from most parts of the City.

A considerable amount of an Inspector's time is spent in carrying out investigations into a wide variety of complaints in terms of the various Acts, Orders and Regulations pertaining to public health. During the year under review some 17,751 visits were carried out and 4,807 nuisances abated.

Problems of noise are increasing day by day and nuisance from this source can affect our standard of living even more seriously than some structural defect. Noise complaints require careful investigation and it is often necessary to take sound-level readings at night as well as during the day. Unfortunately, confirmation of nuisance is difficult to establish at times and a re-scrutiny of the legal powers available is overdue.

Rehabilitation in relation to housing is another term heard more frequently and there is no doubt that the conservation of the older stock of houses is something which must be given serious consideration. It is fairly certain that, as far as Edinburgh is concerned, any house which shares a toilet or sink will have been dealt with in the next two years—in all some 1,700 houses. Apart from these, practically every other house of the older stock which fails to meet the tolerable standard laid down in the Housing (Scotland) Act of 1969 could be improved to that standard for the most part by the introduction of a satisfactory hot-water supply and possibly some improvements to ventilation. The Housing Act does not cater for improvement to a satisfactory modern standard except by persuasion of the owners concerned and giving assistance with improvement grants. Such an arrangement could be difficult to achieve and haphazard in result especially where tenemental properties in multiple ownership are concerned.

In order to ascertain how many houses in our opinion could be usefully brought up to a satisfactory modern standard, it is intended to carry out a detailed survey of all the houses in the slum-clearance programmes. The survey will show how many of the houses could be improved to a satisfactory standard and what number may prove impossible or impracticable to improve and have to be closed and demolished.

GENERAL SANITATION

Nuisances and Structural Defects

The total number of structural defects and nuisances which were dealt with and abated was 4,807. Of that number 1,688 were notified by citizens, 44 were reported by other Corporation Departments and 3,075 discovered by

the District Inspectors. These nuisances required the service of 3,050 notices for their removal.

Details of nuisances and defects remedied are given in Appendix 1.

During the year under review, a number of complaints were received regarding nuisance from wild pigeons and the subject has featured from time to time in the local newspapers. Town living appears to suit these birds presumably because there is adequate protection and a constant source of food. Old buildings with their decorative stonework, sheltered ledges and numerous down pipes are particularly favoured whilst the modern concrete and glass structures are seldom troubled. The result is defacement, chokage of rhones and fouling of streets and courtyards. To the majority, pigeons present no problems and can even be regarded in some settings as tourist attraction. To the unfortunate few, whose properties are affected, there would appear to be an urgent need to thin out the numbers of pigeons to acceptable limits.

While the Prevention of Damage by Pests Act affords local authorities power to deal with rats and mice, no comparative legislation is available to control wild pigeons. The Sanitary Inspector can only offer advice, discourage feeding of the birds and suggest methods of protecting buildnigs—something which is often difficult and very expensive to achieve and where successful only succeeds in chasing the birds to other roosting places. It has been suggested that the Corporation should provide a service, either directly or by contract, to keep pigeon populations within reasonable limits.

Supervision of stair and passage cleaning in tenemental properties still requires attention and action is sometimes necessary against recalcitrant tenants who refuse or neglect to take their turns as nominated. The preparation of equitable rosters for cleansing duties by tenants has not always been easy, particularly in some of the newer Corporation housing areas where modern blocks incorporate communal facilities and more than one means of access. By and large tenants have co-operated willingly, but there are always some who remain indifferent and difficult, and adjustment of the existing bye-laws will be necessary to bring these people into line. As new housing areas are opened up, the District Sanitary Inspectors try as far as possible to advise the incoming tenants as to their duties in keeping the communal parts swept and washed.

During the autumn several complaints were received from residents in the Joppa district about excessive smoke and fume nuisance from diesel locomotives plying the main line south. Following approach to British Rail, it was found that owing to the nature and difficulty of the track at this point trains had to proceed slowly and heavy smoke emission resulted from re-acceleration thereafter. To overcome the nuisance British Rail have carried out track improvements to permit higher speeds of up to 70 miles per hour in this sector, and reduced the need for braking followed by rapid acceleration and consequent smoke and fume emission.

Infectious Diseases

A total of 3,641 visits were made during the year in respect of the undernoted cases of infectious disease for investigation purposes and checks on contacts:

Dysentery	793 cases
Infective Hepatitis	274 cases
Cholera	269 persons from infected areas
Food Poisoning	129 cases
Scarlet Fever	74 cases
Cerebro Spinal Fever	7 cases
Para Typhoid B	2 cases
Typhoid	2 cases

Dysentery—Of the 793 cases investigated, it was noted that 29·2 per cent were scholars and 43·9 per cent of pre-school age. The lowest incidence in the year under review was during the months of January and February, the coldest months of the year, and in April and August while the children were on holiday.

Cholera—On receiving notifications from the British Airport Authorities Health Control Units, 178 homes of holidaymakers returning from the Spain and Portugal cholera-infected areas were visited. Although a few people complained of symptoms, no cholera organisms were found in the tests which were conducted at the Central Microbiological Laboratory.

Radioactive Waste Disposal—From the 21 Departments using radioactive material in the various hospitals and universities, 95 bins containing radioactive solid waste were examined and monitored before collection by the Cleansing Department for suitable disposal.

Home Renal Dialysis Units—Due to the fluctuation in the chemical content of the City's water supply from the various reservoirs, 112 water samples for chemical analysis have been taken from the mains water supply within the home renal dialysis units. The quantity of chemicals used in the dialysing process is balanced with those contained in the water and consequently regular sampling is necessary.

Hairdressers and Barbers

There are 365 registered hairdressers and barbers in the City, operating from premises which have been approved and registered for the purpose in accordance with the Edinburgh Corporation Order and Bye-laws made thereunder.

These premises are inspected at regular intervals with particular reference to cleanliness and suitability of equipment. Improvements continue to be made as a result of these visits and the standard has generally been found good.

Co-operation continues with the Medical Officer of Health's staff with a view to encouraging an annual X-ray for all hairdressing personnel.

Caravan Sites

There were seven caravan sites operating within the City in terms of the Caravan Sites and Control of Development Act 1960. Site licences have been issued for six of these, the seventh at Muirhouse being under the control of the Corporation. During the year an additional residential caravan site was licensed at a brewery site in Duddingston Road West for one caravan, bringing the total number to eight. Regular inspections have been carried out to ensure that the conditions of licence were being observed.

The caravan sites are as follows:

Little France Farm	Residential Site for 30 caravans
Little France Farm	Holiday Site
Eastfield, Joppa	Residential Site for 8 caravans
Liberton Gardens	Residential Site for 1 caravan
Niddrie Road	Residential Site for 1 caravan
Straiton Road	Residential Site for 110 caravans
Duddingston Road West	Residential Site for 1 caravan
Muirhouse (Edinburgh Corporation)	Holiday Site

Offensive Trades

Inspection of premises registered as offensive trades were again carried out at intervals throughout the year to ensure compliance with the bye-laws.

A total of ten offensive trades are now registered in the City, comprising five hide factors, one fellmonger, one tanner, one gut scraper, one blood and bone boiler, and one tripe dresser. All but two of the offensive trades are situated within the Gorgie Markets.

During the year only one of the offensive trades gave rise to complaints from the public. The complaint, that of smell nuisance, occurred on several occasions during the year, usually in warm weather and after offensive materials had been allowed to lie over the week-end prior to treatment.

The problem of odour suppression in offensive and selected other trades has been the subject for investigation by a working party formed during the year by the Department of the Environment. Their findings, to be published in the form of a manual of current best practice, should prove useful.

Although complaints to the Department regarding offensive trades were few, the present situation of several of the offensive trades within the City's slaughtermarket has come in for criticism.

The close proximity to each other of "dirty" and "clean" aspects of slaughtermarket work resulting in unsatisfactory separation of edible and non-edible materials is one of several factors preventing Gorgie slaughtermarket from being granted an Export Licence.

In a year when possible entry into the Common Market has been much discussed the importance of an Export Licence has become all the more apparent and improvement of the market to the necessary E.E.C. standard is at present under discussion. As far as the offensive trades are concerned, this will most probably necessitate their being resited in more suitable positions within the market complex.

Common Lodging Houses and Houses Let-in-Lodgings

Details of Lodging Houses and other houses controlled by the bye-laws are given in Appendix 4.

These premises are registered annually, and are inspected regularly to ensure that they comply with the bye-laws. I am pleased to report that there has been no further closures. With the total number of beds provided being 800 approximately, this gives an indication of the need and demand for accommodation of this nature.

Swimming Baths

Sampling of swimming bath water was continued throughout the year. Some 90 visits were spread over 40 ponds in the City, including the Royal Commonwealth Pool and school baths.

The results were reasonable satisfactory and in any case where doubts arose, the necessary adjustments were quickly made.

During the year, comparator equipment was purchased to enable spot checks to be taken of the residual chlorine in the pond water and also to ascertain its pH value. This allowed for immediate adjustments to be made if results proved unfavourable particularly in relation to the germicidal free chlorine content.

The following table indicates the number of samples taken and represents between two and three visits per pond per year.

Chemical Analysis to determine:		Spot Checks Comparator Equipment	Bacteriological Examination including 84 Surface Skims	Total No. of Samples
Residual Chlorine	pH Value			
177	84	18	261	540

Water Sampling

During the year 279 samples of drinking water were submitted for bacteriological examination. As in previous years the bacterial quality was satisfactory. In a few cases, high bacterial counts were obtained but these proved on re-sampling to be negative. In some instances cleaning of the domestic storage cistern was necessary.

Chemical samples taken during the year were satisfactory.

Launderettes and Drycleaners

These installations continue to give rise to occasional complaints of noise and fume nuisance, especially in premises where "Perklone" is used as the solvent. The need for this type of business, and other nuisance-prone undertakings such as butchers, shoemakers, ice-cream manufacturers, etc., to be put in a special group in the Use Classes Order is still as pressing, but no action has as yet been taken by the Government.

Fish Friers and Fumes

The difficulties of ventilating these establishments adequately without causing a smell nuisance in adjoining premises have been highlighted by complaints made regarding two new fish restaurants in the City.

Even with the use of ozonising filters and other modern fume dispersal aids one cannot be positive that no nuisance will arise from such premises and some extension of our powers to refuse new proposals is needed.

At the moment, specific defects in the installation have to be adduced before planning permission can be refused, or an appeal against refusal turned down, yet in many situations this type of shop is inappropriate and obviously destined to be a source of complaint regardless of the means of nuisance prevention adopted.

HOUSING

Further progress has been made in the first year of the 1971–73 slum clearance programme designed to deal with a total of 4,500 houses failing to meet the tolerable standard.

Clearance Areas

Confirmation of the West Port Clearance Area which is the last area to be dealt with under this procedure, has been received from the Secretary of State and rehousing of the occupants is proceeding.

Rehousing is almost completed in the Primrose Street, etc., Area where only one occupant remains to be rehoused. Demolition should start at an early date.

Rehousing is continuing in West Richmond Street Etc., West Adam Street Etc., Tennant Street Etc., Ferrier Street Etc., Hill Place, Forbes Street Etc., Parkside Street Etc. and Pleasance Etc. Areas.

Housing Treatment Areas

Representation has been made to the Housing Committee in respect of the following Housing Treatment Areas to secure the demolition of all the buildings in the areas.

1. Argyle Street Etc. containing 105 houses with a population of 228 persons.
2. Springfield Street containing 104 houses with a population of 251 persons.
3. Great Junction Street Etc. containing 93 houses with a population of 214 persons.
4. West Fountain Place Etc. containing 121 houses with a population of 251 persons.

At the same time as the resolutions were passed in respect of these areas, control of occupation orders were made prohibiting, unless with the consent of the Corporation, the re-occupation of houses failing to meet the tolerable standard.

Objections were lodged in respect of Gorgie Cottages etc. Housing Treatment Area, on the grounds that the owners wished to develop the site. The Corporation decided that the site was surplus to their requirements and the houses in the area were dealt with under demolition and closing order procedure.

As a result of objections to the classification of ten houses in the St. David's Terrace Area a Public Enquiry was held. The Reporter agreed with the classification of the houses and recommended that the Compulsory Purchase Orders should be confirmed. Confirmation of the area has now been received from the Secretary of State and rehousing will take place at an early date.

Confirmation of the Brandfield Street Area has also been received and rehousing will start at an early date.

Objections in respect of the Bowling Green Street Etc. Area were withdrawn and the inspections by the Secretary of State's Inspector have been completed. Confirmation of the area is expected soon.

Housing (Scotland) Acts, 1919-1930

Scheme	*No. of houses dealt with*	*Population*
Clearance Areas (1923–38)	5,344	17,083

Housing (Scotland) Acts, 1950-1969

Clearance Areas (1950–66)	3,793	8,753
Cannon Street (Leith), etc., 1967	163	263
East and West Adam Street, etc., 1968	276	594
Dalry Road, etc., 1968	79	93
Canon Street (Edin.), etc., 1968	53	72
Hill Place, 1970	60	95
10 and 12 Horse Wynd, 1970	4	10
Tennant Street, etc., 1970	214	559
Parkside Street, etc., 1970	19	40
Primrose Street, etc., 1970	171	303
Ferrier Street, etc., 1970	661	1,517
Pleasance, etc., 1970	34	78
Forbes Street, etc., 1970	310	663
St. David's Terrace	89	204
Brandfield Street	100	209
Totals	6,026	13,453
Grand Totals since 1923	11,370	20,536

Individual Unfit Houses

A total of 821 houses were dealt with in terms of Section 15 of the Housing (Scotland) Act 1966 by the making of either Closing or Demolition Orders and action taken in respect of 139 Corporation-owned houses which failed to meet the tolerable standard.

In addition owners of 24 houses gave Voluntary Undertakings that these houses would not be re-let for human habitation, in the event of the occupants obtaining alternative accommodation. Sixteen of these houses are included in Clearance or Housing Treatment Areas.

The following shows the number of individual houses dealt with since 1923:

Housing (Scotland) Acts 1919-1969

	No. of houses	*Population*
Housing (Scotland) Acts 1919–30	2,325	7,417
Housing (Scotland) Acts 1950–69	5,002	9,868
Totals ..	7,327	17,285
Voluntary undertakings from owners	638	1,810
Totals ..	7,965	19,095

Town and Country Planning (Scotland) Acts, 1947-1959 and the Housing (Declaration of Unfitness) (Scotland) Regulations 1948 and 1960

Scheme	*No. of houses dealt with*	*Population*
Comprehensive Development Areas (1955–66)	2,735	6,041

Overcrowding

Certificates relative to overcrowding in dwellinghouses were submitted to the House-Letting Department on behalf of 395 applicants for Corporation houses and the Department rehoused 184 families from overcrowded houses or overcrowded sub-let rooms.

Rehousing Visits

During the year the houses and household effects of 11,088 prospective Corporation tenants were examined by the District Inspectors.

Qualification Certificates

Part IV of the Housing (Scotland) Act 1969 deals with the rents of dwellings in good repair and provided with the standard amenities. In such cases the owner of a tenancy, which is at present subject to rent control, can apply for its conversion to a regulated tenancy and determination of a fair rent in terms of the Rent Act 1965. Applications are made to the local authority who will issue a certificate if satisfied that the dwelling is provided with all the standard amenities, i.e. bath or shower, wash basin, sink, hot water and exclusive use of a water closet, and is in good repair having regard to its age, character and locality and meets the tolerable standard.

The total number of applications received since the commencement of the

Act is 4,826 and of these 2,124 applications were received during the year under review.

Total number of applications granted	1,399
Total number of applications awaiting remedial works	3,190
Total number of applications refused	138
Total number of applications withdrawn	99
Total number of visits during the year under review	4,113

Housing (Repairs and Rents) (Scotland) Act, 1954 and Rent Act, 1957

No applications were received during the year for certificates of disrepair or revocation certificates under the above-mentioned Acts. The return of certificates granted or revoked to the end of the year under review is shown in Appendix 13.

Part II of the 1954 Act and the whole of the 1957 Act has been repealed by the Rent (Scotland) Act, 1971 which became operative on 12th August 1971.

ATMOSPHERIC POLLUTION

Industrial Smoke

During the year 195 visits were made to boiler-houses and 40 applications for prior approval of new boiler installations were approved and one incinerator.

New Oil-fired Installations

Hospitals	3
Industrial	4
Offices	11
Others	17 and 1 incinerator

New Gas-fired Installations

Offices	3
Others	2

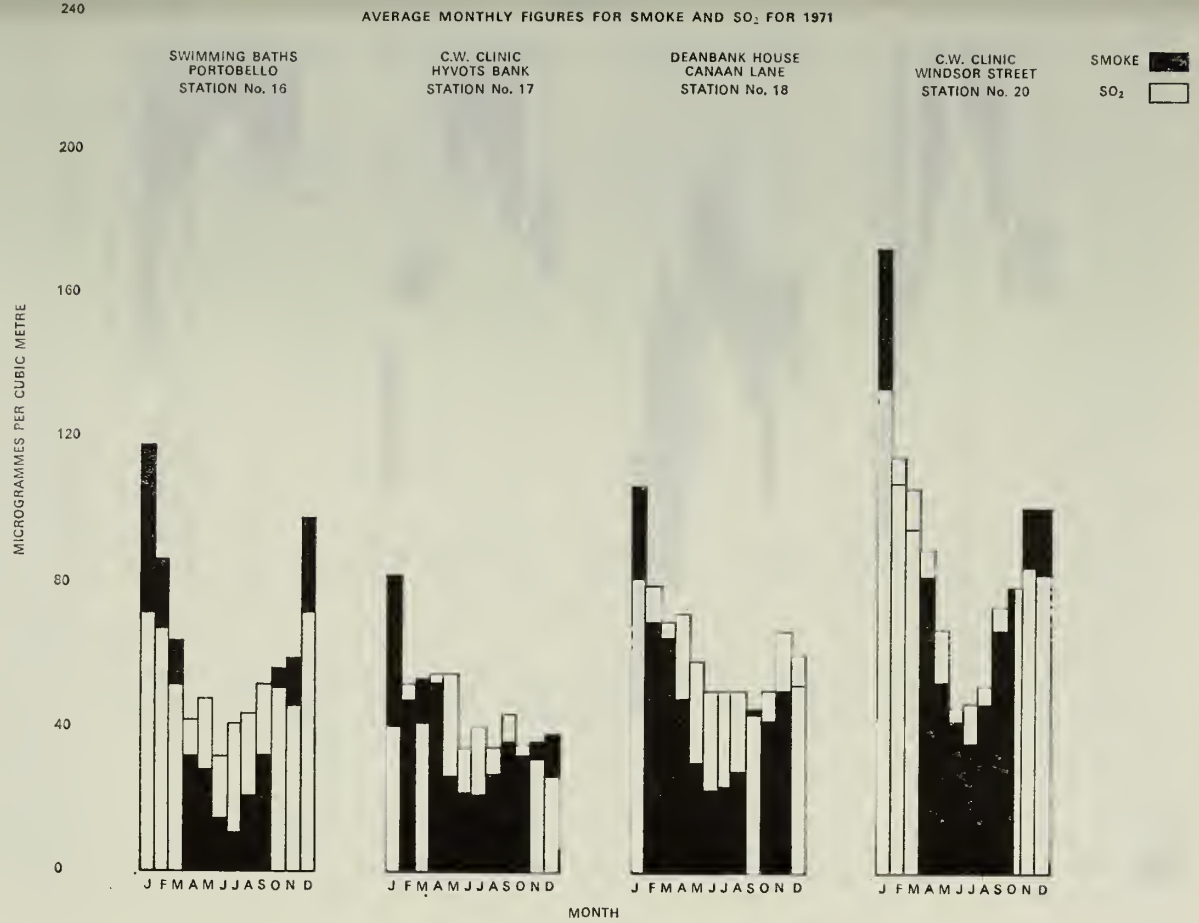
114 smoke observations were made and 44 cases of excessive emission were investigated.

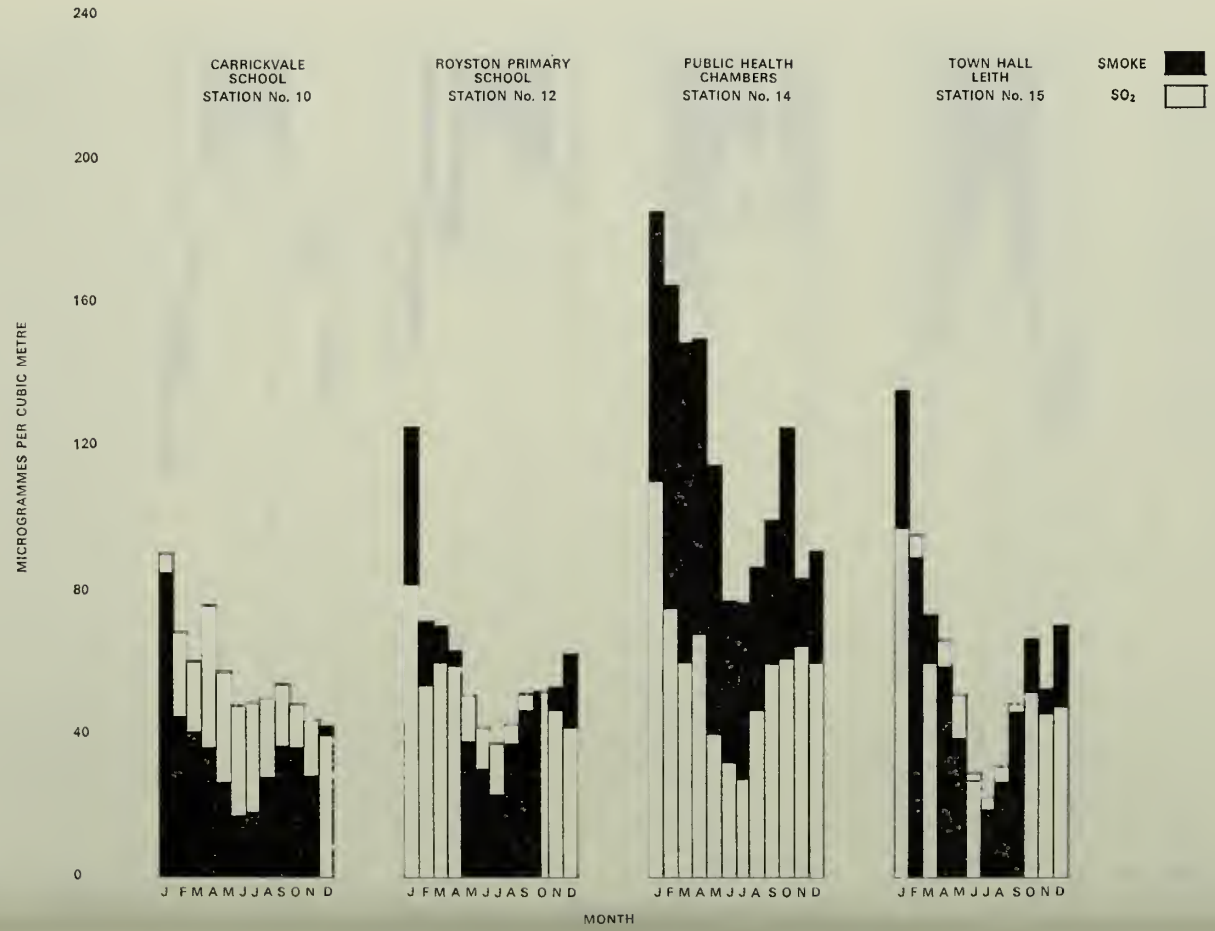
Domestic Smoke

Three new Smoke Control Areas were confirmed in 1971; these were Pilton No. 2, Murrayfield/Cramond No. 3, Part 2, and Colinton No. 1. The survey work for two other areas was undertaken, namely Colinton No. 2 and Craigmillar No. 1, Part 1, the latter incorporating the Rehabilitation Scheme being undertaken by the City Architect in the Craigmillar Castle district.

The continuing acceleration of the Smoke Control programme has necessitated the employment of two additional technical officers on survey work. The use of the City Assessor's computerised Property Roll to speed the extraction of information regarding houses and other properties in the proposed areas and a method of transferring this data rapidly to our survey sheets have also been devised, saving a great deal of time and clerical drudgery.

AVERAGE MONTHLY FIGURES FOR SMOKE AND SO_2 FOR 1971




CARRICKVALE SCHOOL
STATION No. 10
ROYSTON PRIMARY SCHOOL
STATION No. 12
PUBLIC HEALTH CHAMBERS
STATION No. 14
TOWN HALL LEITH
STATION No. 15
SMOKE
SO_2
MICROGRAMMES PER CUBIC METRE
240
200
160
120
80
40
0
J F M A M J J A S O N D
MONTH

It is our intention ultimately to print the survey sheets, first letters and Area record books by computer on specially designed stationery, reducing several weeks' work by two or three people to about three hours' computer time per 5,000 properties.

A new time-table for the completion of the Smoke Control programme was approved by the Health Committee and is given below. It is to be hoped that financial considerations or shortage of smokeless fuel do not, as was the case with our first fifteen-year programme, cause its eventual abandonment.

The revised time-table will involve dealing with an average of 11,000 houses per annum between 1972 and 1982, and an average annual expenditure of £40,000–£45,000.

Revised Smoke Control Programme 1973-82

Year	*Proposed Smoke Control Area*	*Acres*	*No. of Houses*	*Total for Year*
1973	Ward 5 – Liberton	4,853	11,311	11,311
1974	Ward 23 – Craigmillar (Part 2)	956	3,370	11,521
1974	Ward 14 – St. Bernards	1,396	8,151	
1975	Ward 10 – Gorgie/Dalry	421	10,481	10,481
1976	Ward 7 – Merchiston	748	5,618	12,259
1976	Ward 6 – Morningside	689	6,641	
1977	Ward 4 – Newington	903	7,401	14,101
1977	Ward 22 – Portobello	1,628	6,700	
1978	Ward 21 – Craigentinny	779	7,558	11,218
1978	Ward 2 – Holyrood	894	3,660	
1979	Ward 20 – S. Leith	623	6,729	12,156
1979	Ward 18 – W. Leith	648	5,427	
1980	Ward 16 – Broughton	515	5,903	11,818
1980	Ward 19 – Central Leith	295	5,915	
1981*	Ward 15 – St. Andrews	375	3,509	8,089
1981	Ward 3 – George Square	317	4,580	
1982	Ward 17 – Calton	316	5,282	9,934
1982	Ward 1 – St. Giles	394	4,652	

Note; This time-table assumes that during 1972 Craigmillar, Part 1, and Colinton, Part 2, and Pilton, Part 3, will have been made the subjects of Smoke Control Orders.

Air Pollution Measurement

Volumetric Meters—The nine smoke-measuring stations required 2,550 visits and the data obtained from eight of them is shown in the graphs on pages 119 and 120. One of our continuous smoke recording machines has been replaced by an eight-port automatic which will record both smoke and SO_2.

NOISE ABATEMENT

Complaints of noise nuisance continue to increase and the following is a summary of the figures for 1971:

	Industrial	*Domestic*	*Traffic*	*Entertainment*
Complaints received	169	134	17	23
Visits made	406	292	50	57
Nuisance abated	64	39	1	12
Improvement obtained	23	2	1	3
*No action possible	9	51	12	2

* Cases where the noise complained of is not considered to be a nuisance because either *(a)* its sound pressure is lower than that given as acceptable in any of the criteria, *(b)* its occurrence is too infrequent, *(c)* the best practicable means are already being taken to reduce the noise, *(d)* no practicable means of abatement exists, as in many complaints of traffic noise.

The latter part of the year was to a large extent taken up with a preliminary survey of ambient noise levels in the City for a report requested by the Health Committee. Traffic was found to be the main source of noise in many areas of the City and to mask many other potential noise nuisances between 0700 and 2400 hours, so much so that complaints of airborne noise are now mainly confined to sources operating late into the evening or through the night.

During peak periods a Traffic Noise Index of 93 was commonly recorded in free-flowing traffic situations, a level considerably above the proposed criterion of 74 TNI for housing near motorways. It is intended to extend this survey and to produce a "noise map" of the City contoured initially in terms of L_{10} (the noise level exceeded for 10 per cent of the time between 0600 and 2400 hours) in order to provide data for any eventual Noise Zoning schemes.

This, of course, is a long-term project, but some such action is necessary to preserve the already seriously eroded quality of urban life from the rising din.

Structure-borne noise from compressors, ventilation systems and lift-motors continues to be a problem and underlines the need for more awareness of vibration isolation techniques on the part of installation engineers and architects.

It is to be hoped that the new Noise Abatement Act in its final form will incorporate in its concept of the general duty of the citizen not to impose unnecessary noise on his neighbours some means of dealing with the inveterate party-givers who make weekends miserable for their neighbours. These and similar noise-making activities in a tenement often fall short of actionable nuisance but nonetheless cause a great deal of hardship to the sufferers. The inability of the Noise Abatement Act, 1960, to cope with this type of complaint has been one of its major weaknesses and any new legislation should include some means of dealing effectively (and rapidly) with it.

OFFICES, SHOPS AND FACTORIES

Offices, Shops and Railway Premises Act 1963

There can be little doubt that after the eight years of this Act's life, conditions affecting the safety, health and welfare of workers in offices and shops have generally been brought to a satisfactory level.

A continuous programme of inspections of offices, shops and warehouses was carried on throughout the year and details of the 5,099 General Inspections and other visits made are shown in Appendix 6, together with the prescribed statistics.

General Inspections of premises, during which enquiry is made into the state of compliance with all the Act's requirements, are carried out at approximately three-yearly intervals. Where necessary, revisits are made to check subsequent action while other visits are made to newly opened premises and to investigate accidents reported.

The Act requires that accidents, which cause death to employees or result

in absence from normal work for more than three days, should be notified, and during the year, 132 such notifications were received, a decrease of 9. For the sixth successive year, it is pleasing to record that no fatal accident occurred on premises to which the Act applied.

Of accidents causing serious injury, one involving a conveyor belt in a warehouse is perhaps noteworthy as it resulted from a combination of two factors which singly or together account for practically all accidents—a momentary lapse on the part of the victim and negligence on the part of the employer.

Accustomed to working on another conveyor, the employee by force of habit reached over the moving belt to switch off the power. Unfortunately, his hand found, not the switch, but the chain-and-sprocket driving mechanism; even more unfortunately, the metal guard was missing and as a result parts of three fingers were amputated. A fine of £25 was subsequently imposed on the employers; the memory of the pain and the permanent impairment, however, remain with the victim.

Notwithstanding this accident, machinery in offices and shops does not appear to have proved as dangerous as at one time anticipated. In the five years 1967–71, 23 accidents involving machinery were notified, of which 9 concerned the widely used meat slicer. This may well be a result of the Act's emphasis on accident prevention and of the Department of Employment's publications, of which the recent one on meat slicers was a helpful and well-received addition.

No reduction, however, in the incidence of falling accidents is being seen and these make up more than a third of all accidents notified each year, many happening very simply but causing serious injuries and long absence from work. Handling goods, striking against objects and being struck by falling objects were the next most common causes of accidents notified.

From all the notifications received over the years, it would seem that one out of about every five hundred employees in offices and shops are likely to suffer significant injury through an accident in their places of employment in the course of a year. While this may not seem an unduly excessive number, it is still much greater than it need be and could be through greater care by employees and closer attention to safety by employers.

With regard to the remainder of the Act's provisions, a summary of improvements effected during the year is shown below:

	Contraventions Remedied
Cleanliness	89
Overcrowding	8
Heating, lighting and ventilation	580
Sanitary conveniences	334
Washing facilities and provision of hot water	169
Drinking water	11
Accommodation for clothing	1
Sitting facilities	9
Safety of floors and stairs	345
Safety of machinery	27
First aid equipment	443
Display of Abstract of Act	370
	2,386

Shops Act 1950

The Shops Act, although the subject of frequent criticism from all quarters, continues to legislate as to retail trading hours, assistants' half-holidays and meal intervals, and permitted hours of employment of young persons.

It is perhaps in the area of trading hours that the Act attracts most criticism in that, for example, hours after which it becomes an offence to sell goods, vary quite widely according to the nature of the goods, the location of the shop, the day of the week and/or the time of the year, while cooked or even partly cooked tripe and other newly cooked provisions for consumption off the shop premises may be sold at any hour of the day or night with impunity!

The law as to the closing of shops for a weekly half-holiday is equally open to ridicule. Having boldly stated that every shop shall be closed for a weekly half-holiday, the Act proceeds to list nearly twenty classes of business which may be carried on every afternoon. Further concessions are allowed by the Act, which permits six-day trading in areas where a majority of shopkeepers desire this, and in the City some 1,500 shops are in areas where Early Closing Day Orders are in force. To complete the catalogue of variations, shops in one of the seaside areas may be kept open every afternoon during the summer, while in a small area near the City centre, shops could be kept open until 11 p.m. last summer.

If there is a need for a Shops Act, and there probably is, is it too much to wish that another attempt should be made to revise and rationalize the present legislation? The existing inequitable situation is one of exceptions and exemptions, variations and anomalies which confuse and irritate shopkeepers and the public alike and, more seriously, tends to bring the law into ridicule if not contempt. The enforcement of such law achieves little good.

Factories Act 1961

Local authorities are responsible for administering certain sections of Part I of the Act, viz. *(a)* In all factories, the provision of sanitary conveniences and *(b)* in factories without mechanical power, the sections relating to cleanliness, overcrowding, temperature, ventilation and drainage of floors.

During the year it has been possible to increase the number of visits to factories, and a summary of improvements effected is shown below.

A tabulated statement showing the prescribed particulars on the administration of the Act as required by Section 153(1) is shown at Appendix 5.

Details of inspections and improvements are as follows:

1. Inspections and revisits made (including outworkers)	488
2. Defects remedied:	
Cleanliness	1
Temperature	1
Sanitary conveniences:	
Additional water closets introduced	2
Separate accommodation for the sexes	3
Artificial lighting provided	12
Ventilation provided	15
Cleanliness	4
Miscellaneous repairs	15
Washing facilities:	
Hot water introduced	1
Appliances introduced	1
Abstract of the Act found lacking and subsequently displayed	6
	61

RODENT AND INSECT CONTROL

Rodent Infestation

The Pest Control Section continues to operate satisfactorily within the limits of the advisory service provided. During the year 1,718 complaints of rats and mice infestations were received requiring investigations and advice on suitable means of eradication and control. Of these complaints 1,058 or 66·5 per cent concerned rats and 660 or 33·5 per cent were in respect of mice.

It is pleasing to record that as a result of vigilance shown by the Pest Control Section and careful supervision of the baiting programme no increased incidence of rodent infestation was noted following the closure and demolition of a glue and gelatine works in the City, the culverting of part of the Union and Monkton Canal and the completion of phase 1 of the infilling of Hailes Quarry.

The main sources of rat infestation continue to be the water courses within the City and railway tracks. A contributory factory could be the removal of the rodding eyes in street gullies during cleaning operations. Building sites throughout the City have been visited regularly, advice given on rodent control and checks made to ensure that when drainage work is in progress "open ends" are kept stoppered as soon as the work is left unattended. This is comparatively a simple exercise compared to the checking of sites where demolition work is in progress.

The improvement in storage arrangements for trade wastes, particularly that encouraged by food hygiene staff in hotels and restaurants, has reduced the number of complaints from this source. The collection of pig swill by private contractors still poses some problems. In many cases the storage receptacles are in exceptionally poor condition and few, if any, are fitted with lids.

In the autumn two reports of the Coypu "rat" being seen near to a water course in a built-up area were thoroughly investigated but no substantiation for these reports could be found. The Coypu is not a rat but an aquatic rodent more nearly resembling a beaver than a rat. A fully grown animal may be nearly two feet long, excluding the tail, and weigh up to 20 lbs. It has prominent strong orange-coloured incisor teeth, webbed hind feet and small ears. Coypus are mainly kept in captivity in this country for their furs. The number of complaints of nuisance from grey squirrels has increased this year, and householders have been advised to act collectively in employing professional trappers to reduce the numbers of these animals. The responsibility for the increasing number of squirrels rests with the residents who will persist in feeding them and in this way encouraging them to remain and breed.

At the appropriate time of the year the attention of farmers was drawn to the terms of the Prevention of Damage by Pests (Threshing and Dismantling of Stacks) Order 1950 and all agricultural holdings, piggeries, etc., were visited during the year and inspected.

The co-operation received from the City Engineer's staff was of considerable value in having drains tested and repairs carried out where necessary. Similarly, the assistance of the Department of Agriculture and Fisheries in vermin control and the Royal Scottish Museum for the classification of insect pests is acknowledged.

Details of premises, complaints and other matters dealt with are shown in Appendix 7.

Insect Infestation

The number of apartments treated for insect infestation during the year showed an increase to a total of 950 compared with 611 in the previous year and 714 in 1969.

There was a very marked drop recorded in the incidence of infestation by the clover mite during the year under review. This was probably due to the known trouble spots of previous years being sprayed by the Pest Control Staff with an acaricide in the spring and at other opportune times throughout the season. There has been an appreciable increase in the number of apartments treated for fleas. Considerably more wasps' bikes than usual were dealt with but this in part has been due to the absence of severe winter conditions and a relatively good summer.

Again no anti-fly campaign was carried out.

FOOD HYGIENE

The Food Hygiene (Scotland) Regulations 1959 have now been in existence for over ten years. Much experience has been gained as a result of their enforcement and some improvements would now seem to be desirable. It is felt that the time is overdue for amending legislation which would also provide a fresh stimulus to authorities in the campaign for cleaner food.

Two of the points requiring classification at law concern guest houses and the use of domestic kitchens for food preparation. With the former, difficulty has been experienced in determining which establishments come within the scope of the regulations. There is an exemption clause in the regulations which excludes a "boarding house" from its provisions where not more than three bedrooms are available for letting. Some "private houses" actually let more than three bedrooms and, as there is no definition of the term "boarding house" in the regulations, it is questionable whether there is a right to cause a private householder to alter kitchen accommodation, etc., to bring it into line with commercial establishments. Planning requirements operate differently so far as the rating of these types of premises are concerned and a certain conflict of interests arises. Planning permission is required for a change of use to a guest house if it is proposed to let more than 50 per cent of the total number of bedrooms between May and September. Under the Food Hygiene Regulations, a guest house must have four or more bedrooms for letting before it comes within the scope of the law.

The second point concerns the use of the domestic kitchen for the preparation of foodstuffs for sale to the public. Whilst this normally occurs for the support of sales of work, garden fetes and like social functions, several instances have been encountered where private householders have supplied retail premises with goods for sale. Catering establishments are insured for claims against their products and one wonders how the housewife would fare if faced with such a situation. One suburban lady went as far as to advertise her expertise in food preparation and offered to cater for dinner parties and other functions. In addition she supplied a variety of goods to a retail shop in the centre of the town. There is, however, nothing specific in the regulations covering the use of a private dwellinghouse for this type of business.

It is difficult to say whether the standard of hygiene has improved over last year, but compared with ten years ago the difference is quite marked. Much still remains to be done. Registration of food premises, a much-debated subject within professional circles, is not in my opinion the answer. All such a step would achieve is an increase in clerical work handling applications and licences. Good efficient field work, a policy of education of the food handler and statutory action where there is a lack of response is all that is necessary, although power to close premises would also help.

Food hygiene inspections during the year numbered 9,990 and it was necessary to report two establishments to the Procurator-Fiscal for failing to comply with the minimum standards of hygiene. Both owners pleaded guilty and were fined.

Education

Classes continue to be held in Napier College of Science and Technology for the benefit of food handlers and a member of staff takes part in the lecturing programme. The completion of the course qualifies students to sit the Certificate in Food Handling of the Royal Institute of Public Health and Hygiene.

Food Hygiene (Scotland) Regulations 1959-66
(Details of Inspections)

Inspections	9,990
Contraventions	2,191
Intimations	771
Improvements;	
Personal hygiene	19
Wash-hand basins	267
Sinks	144
Temperature control of food	129
Cleanliness of equipment, etc.	203
Structural improvements	483
Sanitary conveniences	78
Total	1,323

FOOD AND DRUGS

During the year 1,650 samples of food and drugs were procured for analysis as to their nature, substance and quality, or to ascertain the correctness of the claims on the labels. In addition, 92 samples of spirits were checked informally by the Food and Drugs staff. Of the 1,650 samples submitted to the Public Analyst, 221 were statutory samples, which represented 40 different articles of food and drugs. Mr Peter J. G. Holliday, Public Analyst, reported 16 or 7·24 per cent as failing to comply with legal requirements.

New Legislation

New legislation which became operative during 1971 included:

The Preservatives in Food (Scotland) Amendment Regulations 1971,
The Ice Cream (Scotland) Regulations 1970,
The Margarine (Scotland) Regulations 1970,
The Colouring Matter in Food (Scotland) Amendment Regulations 1970.

Complaints

The number of complaints received alleging contravention of the section of the Food and Drugs (Scotland) Act 1956 dealing with "nature or substance or quality" of foodstuffs purchased in the City was 158, an increase of 25 on last year's figure, and it is the highest number on record. It is not possible to say whether manufacturers and producers are becoming more careless or the customer more discerning. Each complaint is investigated and this is often a time-consuming operation, especially if legal proceedings are contemplated.

It was found necessary to report 13 cases to the Procurator-Fiscal. All were successful although the Fiscal did not proceed in one instance.

The following table gives an indication of the type of complaint received concerning foreign matter and compositional requirements:

Dirty milk bottles	16
Finger plasters	3
Glass	8
Hairs	4
Insects	42
Metal	14
Mouse contamination	7
Paper	4
Tobacco	3
Wood	6
Miscellaneous	51

Mouse contamination of foodstuffs is treated in a serious light. One complainant ordered a haggis in a suburban cafe at lunch-time and found a small mouse inside. The manufacturer was prosecuted.

In another instance a lady brought a wrapped sliced loaf to the office and complained that when she opened it up a mouse jumped out, which fact was witnessed by other members of the family. There was a fair-sized hole in the centre of the loaf which substantiated her complaint. It was alleged that the mouse had gained access in the bakery. Apart from the fact that the mouse had escaped being sliced up in the bakery slicing machine, the intriguing factor was that no means of access by the mouse to the centre of the loaf was evident and even the paper wrapping was intact. On the loaf being given to the bakery for examination it was found that three slices were missing and these would no doubt have shown evidence of burrowing to the loaf centre. They also reported that quite often one end of the wrapper on the bread became unsealed so the only explanation was that the mouse had gained access in the complainer's house.

Another case concerned the purchase of a glass of vodka in a public house by a lady who was violently sick immediately after drinking it. The bottle contained a sterilising solution used for washing glasses and no indication of this fact was given on the label. A new staff had taken over a day or two before the incident hence the mistake and it was decided to take no further proceedings.

Foreign matter in milk and dirty bottles give cause for some concern. Admittedly, complaints form a negligible proportion of all bottles produced, but that is little consolation to the complainer. It was found necessary to report two local dairies for legal proceedings and penalties were imposed by the court. The day will come when the sale of milk in bottles will cease and non-returnable units substituted. Dairies in general should look ahead and see whether it would not be wise to make preparations for a change-over.

Insects in foodstuffs are, of course, a common complaint. A tin of Australian fruit was sent to the Department containing a beautiful specimen of a cricket. Within a few weeks of this complaint a second tin of the same fruit arrived containing yet another cricket. Legal difficulties prevented further action by the Department.

Another complaint concerning insects was made by the purchaser of a tin of Malaysian pineapples. The entomologist of the local museum was unable to place it and the specimen was sent to the British Museum in London for examination. It was surprising to receive a report that London could not name the species either as they had no specimen of it. The entomologist wrote: "Possibly the species is quite unknown and undescribed. The specimen is therefore of considerable interest and it would be very useful if you could get more of them!" The Food and Drug Officer's hope of a trip to Malaya, however, was not realised!

Milk

The number of statutory samples of milk examined was 55, all were reported to conform with the requirements of the Sale of Milk Regulations 1901. The average fat and non-fatty solids content of the samples was 3·80 per cent and 8·78 per cent respectively, which is much in excess of the presumptive standard of 3·0 per cent and 8·5 per cent.

Channel Islands Milk

The Milk and Dairies (Channel Islands and South Devon Milk) (Scotland) Regulations 1967, prescribe a minimum standard of 4 per cent by weight for the milk fat content of milk sold under the description of "Jersey". Forty-nine samples of Jersey "Premium" Milk were submitted for chemical analysis. The Public Analyst reported that all the samples contained at least 4 per cent milk fat. The average fat content of the samples was 4·97 per cent.

School Milk

The milk supplied to the City schools under the Milk-in-Schools scheme is of the "Pasteurised" grade. Of 69 samples taken, the average milk fat was 3·82 per cent.

Milk Supervision

The number of premises registered for the sale of milk under the Milk and Dairies (Scotland) Act 1914 was 836 at 31st December 1971. In addition, 27 milk-vending machines were registered. The occupiers of the premises hold licences under the Milk (Special Designations) (Scotland) Order 1965 for the sale of the various grades of milk, viz. "Premium", "Standard", "Pasteurised" and "Ultra Heat Treated".

Bacteriological Examination—During the year 441 samples of the various grades of milk were submitted for examination to the Central Microbiology Laboratories of the Western General Hospital to determine the cleanliness of the milk, and where the samples were heat-treated milk, tests were applied to determine the efficiency of the heat-treatment. The results of the various tests are to be found in Appendices 8 and 9.

Processing Plants—Five firms hold licences to pasteurise milk. The efficiency of these plants in heat-treating milk is shown in the very satisfactory results obtained on samples of processed milk. Every sample of pasteurised milk passed the phosphatase test. The dairy equipment and ancillary items were found on regular inspection to be kept in excellent condition and the methods used to clean and sterilise the plants satisfactory.

The packaging of milk is following the general trend of food packaging in the increasing use of light-weight single-service containers. In developing this trend one creamery during the year installed a new machine to fill third-, half- and one-pint cartons at the rate of 80 cartons per minute. They also had fitted above the apertures between the bottle- and carton-filling hall and cold stores, an electric unit to blow air down to form an air curtain. Where stacks of filled milk bottles and cartons are passing to the cold store it is not possible to have a door. These curtains are most efficient substitutes.

"Premium" Milk—The "Premium" Milk sold in Edinburgh comes from farms in Midlothian, East Lothian and Berwickshire. This grade of milk is bottled on the farm and consigned to shops and creameries in the City for distribution. Samples of each supply of milk were taken regularly for bacteriological examination. A note of the unsatisfactory results was, in each case,

sent to the Sanitary Inspector for the area where the milk was produced and bottled, and to the manager of the firm distributing the milk in Edinburgh. The results were, unfortunately, not as satisfactory as could be desired, 36 per cent of the samples examined failed one or other of the statutory tests.

As all this untreated milk was produced and bottled on farms outwith our control it was difficult to effect the desired improvements in the hygienic quality but, during the year, three of the distributors, realising their responsibility to customers, stopped five of the worst suppliers. This resulted in two large firms ceasing to deal in this grade of milk and two others reducing to one supplier only.

Cream—Of 54 samples of various descriptions of cream which were taken at shops and wholesalers' premises, 34 had a standard of bacterial cleanliness that could be considered satisfactory as judged by the plate count and coliform tests.

The very high bacterial count with coliform organisms present in 13 of the samples of cream again emphasises the need for a statutory hygienic quality standard.

Ice Cream

The number of premises registered under the Ice Cream (Scotland) Regulations 1948 at 31st December 1971 for the manufacture, storage and sale of ice cream was 166 and the number of vehicles registered for the sale of the commodity was 136.

There were 55 samples of ice cream taken from manufacturers and vendors in the City and submitted to the Public Analyst for chemical examination. All were found to comply with the requirements of the Food Standards (Ice Cream) (Scotland) Regulations 1959.

On 4th January 1971 the Ice Cream (Scotland) Regulations 1970 came into operation and all samples sent for chemical analysis required further examination to determine whether or not the fat content was milk fat or non-milk fat. Under these regulations the use of non-milk fat in the manufacture of ice cream must be declared. Where ice cream was found to contain non-milk fat and this fact had not been declared either verbally or by notice at the point of sale, letters were sent pointing out the contravention. Two formal samples of ice cream, taken from premises where the occupiers had been previously notified of the requirements of the regulations, were found on analysis to contain non-milk fat, but the Public Analyst was unable to supply the reports in time for proceedings to be instituted within the statutory period of two months from the date on which the samples were taken.

In addition, 156 samples were sent for bacteriological examination. Of these, 91 were considered satisfactory. Ten of the unsatisfactory results had a plate count of more than 50,000 bacteria per gram, 25 had coliform organisms present in one-hundredth of a gram and 29 had a high plate count with coliform organisms present. All premises were visited and advice given where possible.

Following a succession of unsatisfactory results of samples of ice cream taken for bacteriological examination from the premises of one manufacturer he was informed that unless there was an improvement in the results the matter would be reported to the Health Committee and the possibility of his registration reviewed. He was, however, already pursuing the possibility of extending his factory and renewing parts of the equipment. This work has now been completed and an improved hot-water supply provided.

Preservatives in Food

Twenty-five samples of mince were purchased from various butchers' shops and six were reported to contain preservative contrary to the Preservatives in Food (Scotland) Regulations 1962. Legal action was taken against four of the offenders, each of whom pleaded guilty and fines totalling £70 were imposed.

Fifty-five samples of sausages of various descriptions were procured for chemical analysis. The Public Analyst, with the exception of three, reported that the amount of preservative was within the limits sanctioned by the Preservatives in Food (Scotland) Regulations 1962, and that nine were found to be entirely free from preservative. Legal action was taken against two of the offenders, who pleaded guilty, and were fined a total of £30.

Dandelion Coffee Essence

A bottle of "Dandelion Coffee Essence" submitted informally to the Public Analyst for examination was reported not to be genuine in that it was a liquid extract of dandelion root and chicory. The matter was taken up with the producers when it was pointed out to them that having regard to the Coffee and Coffee Products (Scotland) Regulations 1970 the product should have been labelled "Dandelion Coffee and Chicory Essence".

The firm contended that traditionally, through the years as far as they could discover, this product had always contained chicory in addition to dandelion and had always been entitled "Dandelion Coffee Essence". The flavour of the resulting beverage was much enhanced in consequence.

They suggested, however, that the point at issue was probably hardly worthy of debate since the decision to discontinue producing and packing the product had been taken some three months earlier.

The Fertilisers and Feeding Stuffs Act 1926

Four samples of feeding stuffs and four of fertilisers were taken in the prescribed manner for the purpose of analysis by the Agricultural Analyst. These were certified to conform to the statutory statements in all respects with one exception, viz. a sample of garden fertiliser which was found to contain phosphoric acid insoluble in water in excess of the limits ot variation allowed.

The Pharmacy and Poisons Act 1933

The number of applications received from persons and firms desirous of being registered by the local authority for the sale of poisons included in Part II of the poisons list was 115. This is a decrease of 14 over last year.

The Rag Flock and Other Filling Materials Act 1951

At the end of the year the number of premises registered in accordance with the provisions of Section 2 of the Act was 14. This is an increase of one over last year. In addition, one firm is licensed to store rag flock on their premises in accordance with the provisions of Section 7.

Nine samples of various kinds of specified filling materials were taken from registered premises and submitted for testing to the Public Analyst. The respective samples of washed flock, fibre and feathers were submitted to the appropriate tests prescribed for each kind of material by the Rag Flock and Other Filling Materials Regulations 1971. The Public Analyst reported that the standard of cleanliness required by the regulations had been complied with in each case.

PORT SANITARY INSPECTION

Shipping Arrivals

During the year arrivals at Leith Docks and Granton Harbour numbered 1,495 vessels with a total tonnage of 1,134,096 tons.

Fishing vessels numbered 367 with a total tonnage of 29,969 tons.

Vessels	Number	Tonnage	No. of Crew	Passengers	
				Inwards	Outwards
Foreign ..	905	780,572	14,301	5,503	5,033
Coastwise ..	590	353,524	6,568		
Fishing:					
British ..	355	28,995	4,237		
Foreign ..	12	974	99		
Totals ..	1,862	1,164,065	25,205	5,503	5,033

Sanitation

Under the Public Health (Scotland) Act 1897, it is the duty of the local authority to cause an inspection to be made for the removal of nuisances and to secure proper sanitary conditions aboard ships lying within their district.

Routine inspection of crews' spaces have been carried out. Nuisances, together with structural defects caused by wear and tear and other matters considered prejudicial to health have been dealt with.

In carrying out inspections consideration has been given to the Merchant Shipping (Crew Accommodation) Regulations. The regulations have proved helpful in assisting the co-operation between the Ministry of Transport Surveyors and the Port Sanitary Inspector in assessment of the general standard desirable in ship accommodation.

The cleanliness of toilet facilities, transit sheds, warehouses and quaysides is an important part of dock sanitation. The Port Authority continues to maintain a very high standard of cleanliness, the roads, sheds and sanitary conveniences being regularly attended to throughout the year.

Rodent Control

During the year 93 International Deratting Exemption Certificates were issued. In five cases it was necessary to request steps to be taken for the destruction of rats aboard ships.

Inspections, however, continue to show that rat-proofing measures incorporated in the construction of new vessels reduce rat harbourage to a minimum. In older vessels rat-proofing is proceeding with successive surveys.

The Port Authority continues its campaign to control the rat and mice population in the dock area by maintaining a systematic baiting programme. The total number of rats killed on board ships, on quays, wharfs and in sheds during the year totalled 710 and 358 mice were also exterminated.

Water Supply

The drinking water supplied to ships is delivered by hydrants situated at the dockside. These hydrants were regularly inspected. Lack of drainage and other defects were promptly dealt with by the Port Authority. Routine samples of drinking water were taken from ships.

Clean Air

The number of warnings that were necessary indicate greater awareness of the need to prevent smoke nuisances. This is reflected in the prompt and effective response that follows verbal warnings.

When black smoke has been observed enquiries have revealed that the cause is mainly due to mechanical breakdown, dirty burners, fan adjustment or inattention by a member of the engine-room staff.

Factories

Inspection of the sanitary accommodation in factories was carried out and in general they were found to be maintained in a good state of repair and cleanliness.

Minor irregularities were brought to the notice of the management and were given the required attention.

Airport

Aircraft arriving from infected countries were boarded on arrival. Vaccination certificates were inspected and surveillance cards distributed to the passengers.

Acknowledgements

In the execution of the duties of the Port Sanitary Department much valuable assistance has been received from H.M. Collector of Customs, the Forth Ports Authority, the Ministry of Transport Surveyors and the various shipping companies and agents to whom this opportunity is taken of expressing my thanks for their co-operation.

PROSECUTIONS

It was found necessary to institute legal proceedings in 33 cases in connection with the administration of the Acts, Orders, Regulations and Bye-laws. The total fines imposed amounted to £259. Details of prosecutions are given in Appendix 12.

APPENDIX 1

NUISANCES ABATED AND SANITARY IMPROVEMENTS IN 1971

NATURE OF NUISANCE	WARDS																							Totals
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
	St. Giles	Holyrood	George Sq.	Newington	Liberton	Morningside	Merchiston	Colinton	Sighthill	Gorgie/Dalry	Corstorphine	Murrayfield/ Cramond	Pilton	St. Bernard's	St. Andrew's	Broughton	Calton	West Leith	Central Leith	South Leith	Craigentinny	Portobello	Craigmillar	
Water Supply:																								
Cisterns found dirty or uncovered ..	1	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	2	3	—	—	—	8
Cisterns repaired or renewed	3	3	1	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	3	2	—	1	1	16
Water pipes repaired or renewed ..	3	—	2	—	—	2	—	—	3	—	2	—	1	—	—	1	—	—	6	14	1	—	2	37
Sanitary and Washing Facilities:																								
Water closets, sinks, etc., introduced or renewed	3	3	4	12	1	4	5	—	15	6	—	—	15	4	1	4	1	—	5	2	6	7	2	100
Repairs and improvements	1	1	3	1	1	1	1	—	1	1	—	—	1	1	—	1	—	—	5	7	1	—	—	27
Appliances cleansed, chokes cleared, etc.	1	—	—	1	—	—	—	—	2	—	—	—	1	1	5	—	1	—	2	5	—	—	1	20
Drains:																								
Choked drains and surface traps cleared	5	4	1	2	3	1	—	2	6	1	1	2	9	1	6	3	6	—	17	44	2	3	8	127
Drains repaired or renewed	—	—	—	—	—	—	—	1	2	—	—	2	1	3	1	—	—	1	2	1	—	1	1	16
Soil, waste and rhone pipes repaired or cleared	3	1	1	1	—	—	—	—	7	—	—	—	2	—	1	2	4	—	1	19	2	2	1	47
Repairs to Houses:																								
Floors, hearths, doors, roofs, etc., repaired	—	—	—	1	1	—	1	—	6	4	—	—	9	1	—	1	1	—	5	14	3	3	—	50
Windows and skylights repaired ..	1	—	3	4	2	2	6	—	14	11	—	1	2	1	3	—	1	—	1	4	1	—	1	58
Heating appliances repaired, improved, installed	1	—	6	2	—	5	—	—	325	1	1	1	49	3	1	16	2	—	1	—	—	—	1	415
Wall and ceiling plaster repaired ..	—	3	3	2	6	3	2	2	1	4	—	—	5	1	1	1	3	—	8	8	7	1	1	61

NATURE OF NUISANCE	WARDS 1 St. Giles	2 Holyrood	3 George Sq.	4 Newington	5 Liberton	6 Morningside	7 Merchiston	8 Colinton	9 Sighthill	10 Gorgie/Dalry	11 Corstorphine	12 Murrayfield/ Cramond	13 Pilton	14 St. Bernard's	15 St. Andrew's	16 Broughton	17 Calton	18 West Leith	19 Central Leith	20 South Leith	21 Craigentinny	22 Portobello	23 Craigmillar	Totals
Nuisances Abated in Houses and Other Premises:																								
Floors, walls, etc., in dirty condition ..	1	6	—	1	5	1	—	1	4	1	—	—	4	1	4	2	—	—	5	2	9	2	7	56
Offensive smells	7	6	4	2	4	4	4	4	5	1	7	1	9	4	15	3	1	—	3	8	3	4	16	115
Smoke from defective vents	1	1	4	2	—	1	3	1	—	2	1	—	3	5	4	—	1	—	2	2	2	2	2	39
Dampness, flooding, etc., in houses ..	6	9	7	8	10	1	1	3	18	9	2	4	21	9	2	3	5	2	24	26	7	1	36	214
Overcrowded families rehoused ..	13	7	3	5	16	1	4	6	13	22	3	8	8	7	—	4	6	1	15	6	11	7	18	184
Domestic animals and birds	—	3	1	5	—	2	—	2	4	—	—	—	2	—	5	1	1	—	3	3	3	—	9	44
Stairs, Passages, etc.:																								
Staircases painted	15	12	1	41	51	3	10	—	1	16	121	4	2	26	35	28	8	1	5	55	3	7	—	445
Dirty stairs and passages cleaned by tenants	2	25	11	20	27	9	3	14	45	—	—	2	68	5	10	9	3	1	35	18	12	11	72	402
General:																								
Premises re vermin and insect infestation	2	5	2	4	5	1	3	1	3	—	—	1	24	3	4	4	—	—	7	2	15	8	20	114
Areas, backgreens, roofs, cellars, etc., cleaned	93	13	4	8	1	1	—	—	2	60	—	1	5	1	16	27	16	79	865	618	—	—	10	1820
Accumulations of refuse removed ..	8	7	6	6	6	5	3	9	16	3	4	3	11	5	29	9	8	1	15	20	7	11	25	217
Tenants casting garbage, etc., over windows	—	1	4	2	1	2	—	1	1	—	1	1	1	—	1	—	—	—	5	7	2	1	5	36
Noise nuisances abated	2	1	1	2	2	—	1	—	—	2	1	—	—	—	3	1	—	—	3	6	5	—	4	34
Seasonal workers' huts found dirty and cleansed	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	3
Miscellaneous nuisances removed ..	6	—	3	4	2	7	1	4	7	1	6	3	9	3	2	3	1	—	4	21	4	7	4	102
TOTALS ..	178	111	75	176	144	56	48	51	504	145	150	34	263	85	149	122	69	86	1049	917	99	79	247	4807

Summary of Nuisances abated in 1971

Complaints by Citizens	1,688
Complaints by other Departments	44
Nuisances discovered and reported by District Inspectors . . .	3 075
Total abated nuisances dealt with by Inspectors	4,807

APPENDIX 2

RECORD OF INSPECTIONS CARRIED OUT BY SANITARY DEPARTMENT

Number of visits to:

Bakehouses	264
Baker Shops	450
Betting Shops and Gaming Premises	114
Brokers and Second-hand Furniture Premises	97
Building Sites	11
Butchers	108
Canteens	126
Cinemas and Theatres	67
Common Lodging-Houses	41
Confectioners	396
Creameries and Pasteurisation Plants	155
Crematoria and Burial Grounds	3
Dairy Shops	911
Fish Friers	255
Fishmongers	54
Fruiterers/Greengrocers	375
Grocers	1,511
Hairdressers and Barbers	104
Hotels and Boarding-Houses	1,086
Ice-Cream Premises	141
Ice-Cream Vehicles	200
Laundries and Cleaners	65
Mobile Shops	243
Offensive Trades	37
Pet Shops	45
Piggeries	2
Public Houses	803
Restaurants, Cafes, etc.	1,577
School Kitchens	167
Seasonal Workers' Accommodation	17
Showgrounds and Caravan Sites	42
Swimming Baths	123
Premises re Ice-Cream Sampling	205
Premises re Water Supply	565
Premises other than above	368
Houses re Overcrowding and Recommendations to House-Letting Department	1,588
Houses for evidence of Bug Infestation prior to removal of tenants into Corporation Properties	11,088
Properties re Painting of Common Stairs	3,181
Visits re Infectious Diseases Enquiries	3,641
Visits under Housing (Scotland) Acts 1966–69	9,879
Visits to Houses re Multi-Occupancy	144
Visits under Clean Air Acts 1956–68	15,626
Visits to Premises re Pest Control	11,285
Visits to Premises re Insect Spraying	338
Premises under the Factories Act 1961	485
Premises re Nuisances	17,751
Premises under Offices, Shops and Railway Premises Act 1963	5,078
Total	90,812

APPENDIX 3

NOTICES

Intimations of Existences of Nuisances served	237
Notices to remove nuisances served at the instance of the Local Authority	154
Notices served cautioning persons against casting garbage over windows	380
Notices served on occupiers failing to take rotation of stair washing and sweeping	2,172
Notices served for the cleaning of dirty areas, cellars, etc.	92
Notices served in connection with painting of common stairs	3,605
Notices served in connection with cleaning of water cisterns	15
Notices served under Offices, Shops and Railway Premises Act 1963	669
Total	7,324

APPENDIX 4

COMMON LODGING HOUSES

Ward	Address	Accommodation	
		Males	Females
1	75 Grassmarket	280	—
1	1 Pleasance	90	—
1	5 The Vennel, Grassmarket	—	84
1	3 Merchant Street	—	65
19	4 Parliament Street	127	—
	Totals ..	497	149

HOUSE LET IN LODGING

Ward	Address	No. of Houses	No. of Occupants
1	72 Grove Street	1	164

APPENDIX 5

FACTORIES ACT 1961

Prescribed particulars on the administration of the Act

1. Inspections

Premises (1)	No. on Register (2)	No. of Inspections (3)	No. of Notices (4)	No. of Prosecutions (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority ..	36	12	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority ..	1,377	473	41	—
(iii) Other premises in which Section 7 is enforced by Local Authority including outworkers' premises	3	3	—	—
Total ..	1,416	488	41	—

2. Defects Found and Remedied

Particulars (1)	Number of cases where defects were found				Number of Prosecutions (6)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	Referred by H.M. Inspector (5)	
Want of cleanliness (S.1)	2	1	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3) ..	—	—	—	—	—
Inadequate ventilation (S.4) ..	—	—	—	—	—
Ineffective drainage of floors (S.6) ..	—	—	—	—	—
Sanitary conveniences (S.7):					
(a) Insufficient	—	2	—	—	—
(b) Unsuitable or defective ..	52	46	—	8	—
(c) Not separate for sexes ..	—	3	—	2	—
Other offences against the Act (not including offences relating to Out-Work)	24	6	—	—	—
Total ..	78	58	—	10	—

3. Outworkers (Sections 133 and 134)

Number of outworkers in August lists (i.e. those residing in Edinburgh) 3
Nature of work—making, etc., of wearing apparel 3

APPENDIX 6

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

Prescribed particulars to be included in the Annual Report to be submitted to the Department of Employment under Section 60 of the Act.

TABLE "A"

Registrations and General Inspections

Class of Premises	Number of Premises newly Registered during the year	Total Number of Registered Premises at end of year	Number of Registered Premises receiving one or more General Inspections during the year
Offices	123	2,500	763
Retail Shops	175	3,110	1,081
Wholesale Premises	13	268	76
Catering Establishments ..	35	590	231
Fuel Storage Depots	—	—	—
Totals ..	346	6,468	2,151

TABLE "B"

Number of visits of all kinds (including General Inspections) to registered premises 4,293

Note: In addition, visits were paid to 806 premises found to be excepted from the Act by reason of self-employment, etc.

TABLE "C"

Analysis by workplace of persons employed in registered premises at the end of the year.

Class of Workplace	Number of Persons Employed
Offices	42,291
Retail Shops	18,472
Wholesale Premises	2,658
Catering Establishments open to public	5,760
Canteens	477
Fuel Storage Depots	—
Total	69,658
Total Males ..	30,145
Total Females ..	39,513

TABLE "D" — Exemptions

Class of Premises	Number of Exemptions current at end of year	During the year					Appeals to Court
		Number of Exemptions			Number of Applications		
		Newly Granted	Extended	Expired or Withdrawn	Refused	Opposed by Employees	
PART III—Sanitary Conveniences (Section 9)							
Offices	—	—	—	—	—	—	—
Retail Shops	1	—	—	2	—	—	—
Wholesale Premises ..	—	—	—	—	—	—	—
Catering Establishments	—	—	—	—	—	—	—
Fuel Storage Depots ..	—	—	—	—	—	—	—

TABLE "E" — Prosecutions

Prosecutions instituted of which the hearing was completed in the year.

Section of the Act	Number of Informations Laid	Number of Convictions
Section 17(1) and (4)	1	1

No. of persons or companies prosecuted 1
No. of complaints or summary applications made under Section 22 .. .. –
No. of Interim Orders granted .. .. –

TABLE "F" — Inspectors

Number of Inspectors appointed under Section 52 of the Act 4
Number of other staff employed for most of their time on work in connection with the Act 1

APPENDIX 7

PREVENTION OF DAMAGE BY PESTS ACT 1949

The following number of properties were surveyed under the Act:

Number of properties surveyed 2,917
Number of properties found infested 233
Number of properties cleared 227
Number of revisits 377

Number of items of repair carried out 170
Electricity junction boxes baited .. .. Nil
Sewer manholes baited .. .. Nil
Notices served under Act .. .. Nil
Total visits made 11,285

APPENDIX 7 (continued)

COMPLAINTS OF RAT AND MOUSE INFESTATION

WARDS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
Complaints received	140	78	63	74	69	52	47	102	71	68	47	80	128	58	90	70	73	47	89	35	64	78	95	1718
Infestations abated	120	63	39	57	66	34	31	100	92	40	38	73	113	50	93	56	65	33	84	24	46	64	83	1464
Visits made	481	337	211	343	511	193	150	556	537	257	394	591	391	312	299	254	262	218	452	160	184	415	483	7991

INSECT INFESTATION

The following table shows the number of apartments and infestations treated in each ward—the total number being 950 within 338 premises

WARDS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
Cockroaches	11	—	—	—	—	—	1	—	8	13	3	—	—	—	—	3	9	1	—	—	—	—	—	49
Bugs, fleas, lice, etc.	13	7	7	5	35	—	4	34	44	—	—	35	113	17	18	5	17	—	13	7	57	31	160	622
Flies	10	—	10	1	—	1	—	—	1	—	—	3	—	—	—	—	—	—	—	—	2	—	—	28
Wasps	—	—	3	13	7	5	6	22	4	—	8	21	1	6	1	4	—	3	—	—	3	3	1	111
Miscellaneous	1	7	—	4	—	—	1	11	5	—	—	—	64	2	—	11	—	—	14	—	2	12	6	140
TOTALS ..	35	14	20	23	42	6	12	67	62	13	11	59	178	25	19	23	26	4	27	7	64	46	167	950

In addition, two Corporation residential homes in North Berwick and five apartments were treated with Insecticidal Lacquer to combat ant infestation. This operation has been very successful.

APPENDIX 8

THE MILK (SPECIAL DESIGNATIONS) (SCOTLAND) ORDER 1965

Number of Samples taken for Bacteriological Examination

Premium	150
Pasteurised	202
Pasteurised (School)	69
Ultra Heat Treated	20
Total ..	441

APPENDIX 9

SUMMARY OF RESULTS

Pasteurised, Sterilised and Ultra-Heat-Treated Milk

Grade of Milk	Total Number of Samples Taken	Total Number Passing All Tests	Classification of Failures		
			Phosphatase Test	Coliform Test	Phosphatase Test and Coliform Test
Pasteurised	202	186	—	16	—
Pasteurised (School) ..	69	69	—	—	—
			Plate Count		
Ultra-Heat-Treated ..	20	19	1		

Premium Milk

Grade of Milk	Total Number of Samples Taken	Total Number Passing All Tests	Classification of Failures		
			Plate Count	Coliform Test	Plate Count and Coliform Test
Premium	150	96	22	11	21

APPENDIX 10

PORT SANITARY INSPECTIONS

Annual Statement — Year 1971

Ships boarded and inspected	735
Revisits made	133
Nuisances discovered	259
Nuisances abated	256
Communications written	5
Verbal warnings	169
Ships treated for vermin	15
Deratting Certificates	Nil
Deratting Exemption Certificates	93
Rodent Control Certificates	Nil
Rats exterminated	710
Mice exterminated	358
Factories: Inspections and revisits	28
Clean Air Act: Observations	4
Notices served	12
Fees collected	£484·80

Nuisances Discovered

Accumulations of garbage on ships and shore	126
Chokes and defective scuppers	9
Choked and defective latrines	5
Choked and defective sinks	4
Choked and defective wash-basins	10
Dirty floors, tables, decks, etc.	7
Dirty bunks and bedding	3
Dirty partitions and ceilings	6
Dirty lockers	7
Dirty and offensive bilges	5
Dirty freshwater tanks	2
Dirty galleys, foodstores, pantries, etc.	7
Dirty wash-places	5
Foul closets and latrines	4
Foul wash-basins	4
Foul sinks	6
Presence of rats and mice	5
Presence of cockroaches	10
Emissions of dark smoke	12
Fouling of quays	21
Dampness in quarters	1
Total	259

APPENDIX 11

PUBLIC HEALTH (SHIPS) (SCOTLAND) REGULATIONS 1952

Edinburgh Port Health Authority

1. Amount of shipping entering Leith Docks and Granton Harbour in 1971

Vessels	Number	Tonnage
Foreign	905	780,572
Coastwise	590	353,524
Total ..	1,495	1,134,096

2. Deratting and Deratting Exemption Certificates

Issued at	Deratting	Deratting Exemption
Leith	Nil	84
Burntisland	Nil	6
Granton	Nil	3
Total ..	Nil	93

3. Number of vessels subjected to measures of rat destruction in 1971

"A"

No. of vessels subjected to measures of rat destruction	On Ships		On Shore		No. of rats found infected by plague	
	No. of dead rats recovered	No. of rats examined bacteriologically	No. of rats destroyed (other than on ships)	No. of rats examined bacteriologically	On Ships	On Shore
5	12	Nil	698	Nil	Nil	Nil

"B"

No. of vessels fumigated	No. of dead rats recovered	No. of vessels in which poisoning, etc., was employed	No. of dead rats recovered	No. of Deratting Certificates issued	No. of Deratting Exemption Certificates issued
Nil	Nil	5	12	Nil	93

APPENDIX 12

Report of Prosecutions instituted by the Sanitary Department during the year ended 31st December 1971

No.	*Nature of Contravention*	*Act or Regulation Contravened*	*Court where tried*	*Result*
1	Envelope in bottle of milk	Food and Drugs (Scotland) Act 1956, Section 2	Sheriff	Admonished
2	Beetle found in meal	Food and Drugs (Scotland) Act 1956, Section 2	Sheriff	Fined £15
3	Adulterated whisky	Food and Drugs (Scotland) Act 1956, Section 6(1)	Sheriff	Found not guilty
4	Failure to repair and paint common stair	Edinburgh Corporation Order 1967, Section 77	Burgh	Discharge
5	Failure to repair and paint common stair	Edinburgh Corporation Order 1967, Section 77	Burgh	Discharge
6	Failure to repair and paint common stair	Edinburgh Corporation Order 1967, Section 77	Burgh	Deserted
7	Failure to wash and sweep common stair and passage	Bye-laws for the Cleansing of Common Stairs, etc.	Burgh	Fined £2
8	Mouse found in haggis	Food and Drugs (Scotland) Act 1956, Section 2	Sheriff	Fined £25
9	Excessive preservative in beef sausages	Food and Drugs (Scotland) Act 1956, Section 2, and Preservatives in Food (Scotland) Regulations 1962, Regulation 4	Sheriff	Fined 15
10	Excessive preservative in pork sausages	Food and Drugs (Scotland) Act 1956, Section 2, and Preservatives in Food (Scotland) Regulations 1962, Regulation 4	Sheriff	Fined £15
11	Glass in bottle of milk	Food and Drugs (Scotland) Act 1956, Section 2(1)	Sheriff	Fined £10
12	Excessive preservative in steak mince	Food and Drugs (Scotland) Act 1956, Sections 2 and 45, and Preservatives in Food (Scotland) Regulations 1962, Regulation 4	Sheriff	Fined £20
13	Preservative in mince	Food and Drugs (Scotland) Act 1956, Section 2, and Preservatives in Food (Scotland) Regulations 1962, Regulation 4	Sheriff	Fined £5
14	Failure to repair ceiling plaster in common stair	Public Health (Scotland) Act 1897, Section 16	Burgh	Deserted
15	Failure to repair ceiling plaster in common stair	Public Health (Scotland) Act 1897, Section 16	Burgh	Admonished
16	(Dirty House) Failure to clean house occupied by him	Edinburgh Corporation Order Confirmation Act 1967, Section 93	Burgh	Case withdrawn
17	Failure to wash common stair and landing	Bye-laws for the Cleansing of Common Stairs, etc.	Burgh	Fined £4 or 14 days
18	Failure to wash common stair and landing	Bye-laws for the Cleansing of Common Stairs, etc.	Burgh	Admonished

Report of Prosecutions instituted by the Sanitary Department during the year ended 31st December 1971—*continued*

No.	*Nature of Contravention*	*Act or Regulation Contravened*	*Court where tried*	*Result*
19	Failing to keep a clean house	Edinburgh Corporation Order 1967, Section 93(1)	Burgh	Fined £1
20	Failure to cleanse common stair	Bye-laws for the Cleansing of Common Stairs, etc.	Burgh	Fined £2
21	Excessive preservative in steak mince	Food and Drugs (Scotland) Act 1956, Section 2, and Preservatives in Food (Scotland) Regulations 1962, Regulation 4	Sheriff	Fined £25
22	Failure to keep restaurant and bakehouse premises in a clean condition	Food Hygiene (Scotland) Regulations 1959–66, Regulations 9, 17 and 25	Sheriff	Fined £20
23	Preservative in mince	Food and Drugs (Scotland) Act 1956, Section 2, and Preservatives in Food (Scotland) Regulations 1962, Regulation 4	Sheriff	Fined £20
24	Failure to wash first flat common landing and stairs	Bye-laws for the Cleansing of Common Stairs, etc.	Burgh	Dropped
25	Maggots in pheasant	Food and Drugs (Scotland) Act 1956, Section 2	Sheriff	Fined £5
26	Did fail to remove a nuisance consisting of disrepair of the ceiling plaster of the common stair	Public Health (Scotland) Act 1897, Section 16	Burgh	Deserted
27	Did fail to comply with Notices served on them requesting ceiling plaster in common stair to be repaired	Public Health (Scotland) Act 1897, Section 16	Burgh	Admonished
28	Tobacco in lollipop	Food and Drugs (Scotland) Act 1956, Section 2(1)	Sheriff	Fined £10
29	Wire in pizza pie	Food Hygiene (Scotland) Regulations 1959–66, Section 5	Sheriff	Case withdrawn
30	Failing to allow access to a restaurant by authorised officers of local authority	Food and Drugs (Scotland) Act 1956, Section 39(1)	Sheriff	Pleaded guilty, admonished
31	Failure to keep food premises in a clean condition	Food Hygiene (Scotland) Regulations 1959–66, Sections 9, 22(3), 25 and 28	Sheriff	Fined £40
32	Cockroach in sausage roll	Food and Drugs (Scotland) Act 1956, Sections 2 and 45	Sheriff	Fined £5
33	Failure to fence off securely part of machinery	Offices, Shops and Railway Premises Act 1963, Section 17(1) and (4)	Sheriff	Fined £20

APPENDIX 13

HOUSING (REPAIRS AND RENTS) (SCOTLAND) ACT 1954

Return of Certificates issued by the Local Authority under Part II of the above Act between 30th August 1954 (the date of the commencement of the Act) and 5th July 1957

1. Certificates of Disrepair issued under Section 18(1) of the 1954 Act

	No. of Applications for Certificates	Granted	Refused	Withdrawn or still under consideration	No. of Applications for Revocation of Certificates*	Granted	Refused	Withdrawn or still under consideration
(a) Dwelling-houses which have been the subject of a notice of repairs increase of rent under Part II of the 1954 Act	298	76	203	19	59	56	2	1
(b) Dwelling-houses which have not been the subject of a notice of repairs increase of rent under the 1954 Act but in respect of which permitted increase of rent are recoverable under Section 2(1) *(c)* and *(d)* of the Increase of Rent and Mortgage Interest (Restrictions) Act 1920	56	31	8	17	11	11	Nil	Nil

* Including applications for revocation of sanitary certificates issued under the pre-1954 Act procedure but still in force at 30th August 1954.

Printed by
Mackenzie & Storrie Ltd.
Coburg Street, Edinburgh